DOCUMENT RESUME

ED 148 866 PS 009 678

AUTHOR Gordon, Ira J.; And Others
TITLE Parent Oriented Home-Based Early Childhood Education Program. Research Report.
INSTITUTION Florida Univ., Gainesville. Inst. for Development of Human Resources.
SPONS AGENCY Office of Education (DHEW), Washington, D.C.; South Carolina State Dept. of Education, Columbia.
PUB DATE 30 May 75
NOTE 110p.; Not available in hard copy due to marginal legibility on colored pages

EDRS PRICE MF-$0.83 Plus Postage. HC Not Available from EDRS.
DESCRIPTORS Delivery Systems; *Early Childhood Education; Information Retrieval; *Information Systems; Management; Needs Assessment; Objectives; *Parent Education; *Parent Participation; *Program Descriptions; Program Evaluation; Resource Materials
IDENTIFIERS *Project Home Start

ABSTRACT

This report contains descriptions of 44 exemplary parent oriented early childhood education programs plus a locator system designed to facilitate access to the information in these program descriptions. The program descriptions are organized into four sections: (1) programs in which school systems are the agencies responsible, (2) programs in which university and research groups are responsible, (3) programs in which community agencies are responsible, and (4) Home Start Programs. Each program description includes information on: (1) ages of children involved, (2) needs assessment, (3) program objectives, (4) target population factors, (5) specific skills, abilities, and understandings to be developed for children, (6) delivery system, (7) management procedures, (8) program evaluation, (9) operational data, (10) supportive materials available, and (11) listings of related materials. These program variables are presented in a matrix form which can be used to locate programs processing desired combinations of characteristics. This locator system is presented in Part I of the report. In Part II, the contents of the programs are highlighted and subjective reactions and recommendations are presented. Part III includes program descriptive material and Part IV contains listings of media and printed materials related to parent oriented early childhood education. (JSM)

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ED148466

RESEARCH REPORT OF PARENT ORIENTED HOME-BASED EARLY CHILDHOOD EDUCATION PROGRAM

Conducted By

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As Fiscal Agent For U.S.O.E. Region IV
Chief State School Officers Task Force
On Early Childhood Education
Funded Under The Provisions of P.L. 90-35,
Title V, Part D, COP Grant
From The U.S.O.E. Region IV Office, Atlanta, Georgia
DR. CECIL YARBROUGH
Regional Commissioner of Education

PS 009678

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I. Introduction

This report is directed at school personnel and other interested people involved in local and state decision making. The charge given to us was to describe exemplary programs, organize a system for easy user access to the descriptive material, and to assemble related materials on parent oriented early childhood education. Table 1 presents the outline provided to us by the early childhood education task force of the eight chief state school officers in HEW region 4. We followed this throughout the text in the program descriptions, the locator system and in the summary and recommendations section.

Since there is an uncountable number of programs involving parents in early childhood education our first task was to develop some criteria for selection.

Criteria

The task force stated some criteria. These were (1) the program should be replicable, (2) if at all possible, results of effectiveness should be available, if not the program should be "promising" that one would expect positive results, (3) the program should be oriented to the parents' contribution to the children's learning. This meant that all programs included must have goals for parents in enhancing or improving skills in working with their own children, (4) since replication was important, programs should have progressed to the point of printed materials or mimeographed reports containing enough description that it would be possible to tell what the essence of the program was and how it was implemented.

TABLE 1

CONTENT INFORMATION DESIRED ABOUT PARENT ORIENTED EARLY CHILDHOOD EDUCATION PROGRAMS BY THE TASK FORCE

I. Ages of children—Pre-natal to age 8

II. How was need for program determined?

III. Objectives and/or Goals of Each Program
- A. For parents
- B. For children
- C. Others

IV. Target Population Factors (Parents and Children)
- A. Age
- B. Economics
- C. Geographical — Urban, Rural
- D. Ethnic

V. Specific skills, abilities, and understandings to be developed for children
- A. Cognitive
- B. Affective
- C. Psychomotor
- D. Nutrition
- E. Health

VI. Delivery System of Program (i.e. Home Visitor, TV, Community Schools, etc.)
- A. Methodology
- B. Personnel Required for Implementing Program—(i.e. Number of staff, qualifications, etc.)
- C. Staff training required for implementation
- D. Agencies with responsibilities for delivery of services
- E. Other agencies involved in program

VII. Management Procedure
- A. Funding Sources
- B. Policy Determination
- C. Administrative decision maker
- D. Staff Organization

VIII. How was or how will the effectiveness of the program be evaluated?
- A. Product
- B. Process
- C. Instruments or forms utilized?

IX. Operational Data
- A. Initiation date—Terminated or on-going —is visiting available?
- B. Instructional period for clients—(month-years)
- C. Program contact person—can they assist others? How?

X. All supportive materials to the program—what is available for reproduction or purchase

XI. Listing of related materials on Parent Oriented Early Childhood Education

Search Procedures

In order to locate possible programs we used the list developed by Stedman *et al.* (1972). This group investigated longitudinal early intervention programs with criteria which included: (1) evaluation data, (2) a sample of approximately 30, (3) some careful description of treatment and measures, (4) educational significance. The programs from that review were the well known early efforts such as those by Levenstein, Gordon, Gray, Karnes, and Weikart.

Searches were made of the ERIC files and the files of the National Clearing House for Mental Health Information.

In addition, the U. S. Office of Education was asked concerning exemplary Title III programs which met the criteria and hopefully cut across all social classes. Childhood Resources reviewed the field in 1971 for the Office of Child Development. This survey was analyzed for potential projects. The Office of Child Development identified Parent and Child Centers which met the criteria. We automatically included all 16 of the Home Start (OCD) programs and the two Parent Child Development Centers which met the criteria of home based. The third Parent Child Development Center (Birmingham) is totally a center based program.

Since the Bureau of Educationally Handicapped funded many programs which were all in TADS network at the University of North Carolina, we asked the TADS people to identify programs far enough along for replication. They identified several such programs which are included.

We also sought bilingual programs and were able to locate eight.

After identification of a possible program, printed literature was examined, communication by phone or face to face was sought and additional information, primarily in the areas of management procedures and operational data, were located. Most programs descriptions do not normally report on this type of information. We encountered many cooperative program people, who shared data with us, but we also experienced considerable difficulty in tracking down the type of information sought by the task force. We hope that the inclusion of contact person's name and address will simplify the task for the future. It was disappointing to have to struggle so hard to secure information from programs which had often been funded with demonstration, replication and dissemination as goals.

We searched the literature and also used already developed collections from ERIC and the Southwest Educational Laboratory to develop the material section which is given at the end of this report.

How to Use This Report

A major problem in literature search is that, even where there are program descriptions, these have not been organized in any fashion to make them easily usable by decision makers. A special contribution of this report is the locator system. The program descriptions are in three sections: (1) those programs in which school systems are the agencies responsible (2) those in which university and research groups are responsible (3) those in which community agencies are responsible. Each program has been assigned a number. The first number represents the responsible group (1, 2, or 3). Table 2 contains the list of programs by number.

The outline was used for developing matrices and the following list (Table 3). Table 3 presents program numbers by age and type of child involved, delivery system, availability of training material, goal areas to be developed etc. If one is interested in programs for normal children between ages 3 and 5, Table 3 list the 30 programs out of the 45 which meet these criteria. If one is interested only in bilingual programs, then the table shows the 8 programs which meet this criterion.

Table 4 is a matrix developed to match the outline. Across the top are the names of the programs and down the side are the outline variables.

One can find programs either from the matrix or from Table 3 depending upon the purposes of the reader. In both cases the identifying variables relate to the task force's. However, we added on to the outline as parts of operational data, whether the program is still going on, availability of training, curriculum material, and evaluation material, and whether the program has a history of diffusion.

If one is interested to locate only those programs in the HEW region 4 then a glance across Table 4 using geographical location HEW from the left-hand margin as the variable will yield all the programs in that region. If one is interested in programs offering training then a glance down the left-hand margin to training and coming across x's in that cell indicate which program offers training. Table 4 is especially useful if program decision makers have multiple criteria in mind.

Since the report is massive, section II highlights the contents and supplements the locator system. In addition, it is more subjective, including our reactions and recommendations. It should be seen as complementary material, not as an independent section in isolation from the program descriptive material presented in section III.

TABLE 2—LIST OF PROGRAMS

Code	Name of Program	Page
School System Programs:		
101	Brookline, Massachusetts	III-5
102	Ferguson-Florissant, Missouri	III-7
103	Madison, Wisconsin	III-11
104	Marshalltown, Iowa	III-12
105	Portage, Wisconsin	III-14
106	Redford Township, Michigan (PREP)	III-16
107	Santa Clara, California (Spanish Dame)	III-17
108	State of Tennessee	III-19
109	Waterloo, Iowa	III-21
110	Wichita Falls, Texas (PEECH)	III-23
111	Yakima, Washington (Project Home Base)	III-24
112	Ypsilanti, Michigan (Perry Pr. School Program)	III-25
University, Regional Education Lab, Research Programs:		
201	Appalachian Education Lab—Project Hope	III-29
202	DARCEE—Early Training Project	III-32
203	DARCEE—Home Visiting with Mothers and Infants	III-33
204	Hi/Scope—Ypsilanti—Carnegie Infant Education Project	III-34
205	Levenstein—Verbal Interaction Project/Mother-Child Home Program	III-35
206	Memphis State University	III-38
207	University of Florida—Early Stimulation Project	III-39
208	University of Florida—Follow Through Project (also #113)	III-42
209	University of Illinois—Karnes	III-44
210	University of Pittsburgh	III-45
Community Agency Program:		
301	Binghamton, New York (Home Start)	III-60
302	Cleveland, Ohio (Home Start)	III-60
303	Dardanelle, Arkansas (ARVAC; Home Start)	III-61
304	Fairbanks, Alaska (Home Start)	III-62
305	Fort Defiance, Arizona (Home Start)	III-63
306	Franklin, North Carolina (Home Start)	III-64
307	Gloucester, Massachusetts (Home Start)	III-65
308	Harrogate, Tennessee (Clinch-Powell; Home Start)	III-66
309	Houston, Texas (Home Start)	III-68
310	Houston, Texas (PCDC)	III-49
311	Huntsville, Alabama (TARESA; Home Start)	III-69
312	Jacksonville, Florida (PCC)	III-51
313	Leitchfield, Kentucky (PCC)	III-52
314	Millville, Utah (Home Start)	III-70
315	New Orleans, Louisiana (PCDC)	III-53
316	Oakland, California (PCC)	III-54
317	Parkersburg, West Virginia (Home Start)	III-71
318	Philadelphia, Pennsylvania (PCC)	III-55
319	Reno, Nevada (Home Start)	III-73
320	San Diego, California (Home Start)	III-74
321	Weslaco, Texas (Home Start)	III-75
322	Wichita, Kansas (Home Start)	III-76

TABLE 3

DESCRIPTION VARIABLES AND PROGRAM NUMBERS

Normal Children, Ages 0-3 years:

101, 109, 111, 203, 204, 205, 207, 210, 303, 310, 312, 313, 315, 316, 318

Normal Children, Ages 3-5 years:

102, 103, 106, 107, 108, 109, 111, 112, 201, 202, 205, 209, 301, 302, 303, 304, 305, 306, 307, 308, 309, 311, 313, 314, 317, 319, 320, 321, 322

Normal Children, Ages 5-9 years:

107, 202, 208, 303, 313

Handicapped and/or Retarded Children:

104, 105, 109, 110, 206, 303, 304, 312, 313, 316, 318

Bilingual Programs:

107, 111, 305, 309, 310, 316, 320, 321

Programs with Home Visits Only:

101, 105, 107, 110, 203, 204, 205, 301, 302, 303, 305

Programs with Home Visits and Some Sort of Center Activities (Emphasis on the Home Visits):

103, 104, 108, 109, 111, 201, 202, 206, 207, 208, 209, 210, 304, 306, 307, 308, 309, 310, 311, 312, 314, 317, 319, 320, 321, 322

Programs with Center Activities and Some Sort of Home Visits (Emphasis on the Center Activities)

102, 106, 112, 313, 315, 316, 318

Programs Which Rely Heavily on Para-Professional Staff:

104, 107, 108, 111, 207, 210, 301, 302, 303, 304, 306, 307, 309, 314, 315, 317, 319, 320, 322

Programs with Training Assistance Available:

102, 104, 105, 106, 109, 110, 111, 201, 203, 204, 205, 206, 207, 208, 301, 303, 304, 306, 308, 309, 311, 312, 313, 314, 315, 316, 317, 318, 321, 322

Programs with Curriculum and/or Evaluation Materials Available:

102, 104, 105, 106, 107, 109, 110, 111, 112, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322

Area to be Developed:
Cognitive:

101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322

Affective:

101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 201, 202, 203, 205, 206, 207, 208, 210, 301, 304, 306, 307, 308, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 321, 322

Psychomotor:

101, 102, 103, 104, 105, 106, 107, 108, 110, 111, 201, 203, 204, 205, 206, 207, 208, 210, 301, 302, 303, 307, 308, 311, 312, 313, 314, 315, 316, 317, 318, 322

Nutrition:

101, 109, 111, 201, 202, 210, 301, 302, 303, 304, 305, 307, 308, 309, 311, 312, 313, 315, 322

Health:

101, 109, 111, 201, 210, 301, 302, 303, 304, 305, 306, 307, 308, 309, 311, 312, 314, 315, 316, 317, 318, 319, 320, 321, 322

TABLE 4

MATRIX OF PROGRAMS AND DESCRIPTIONS

	Brookline, Massachusetts	Ferguson-Florisant, Missouri	Madison, Wisconsin	Marshalltown, Iowa	Portage, Wisconsin
	101	102	103	104	105
Age	0-2	3-5	3-5	0-5	0-5
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children	Parents, Children
Economic Class	Lower, Middle	Middle	Lower	Lower, Middle	Lower, Middle
Type of Area	Urban	Urban	Urban	Rural	Rural
Geographic Location (HEW)	1	7	5	7	5
Child Condition	Normal	Normal	Normal	Retarded/ Handicapped	Retarded/ Handicapped
Ethnic Breakdown	Mixed Group	Caucasian, Black	Caucasian	Caucasian	Caucasian
Focus: Cognitive	X	X	X	X	X
Affective	X	X	X	X	X
Psychomotor	X	X	X	X	X
Nutrition	X				
Health	X				
Delivery System: Where	Home	Home and Center	Home and School	Home and Center	Home
How	1 to 1	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group	1 to 1
Philosophical Orientation	General Child Development		Behavioral	Behavioral	Behavioral
Funding Source	Private Foundation	OE	OE and State	OE	OE, State and Local
Still On	X	X	X	X	X
Training		X		X	X
Curriculum Materials		X		X	X
Has Been Diffused		X		X	X
Evaluation Materials		X			X

TABLE 4 — Continued

MATRIX OF PROGRAMS AND DESCRIPTIONS

	Reading Township, Michigan 106	Santa Clara, California 107	State of Tennessee 108	Waterloo, Iowa 109	Wichita Falls, Texas 110
Age	3-5	3-5, 7-9	3-5	2-5	0-5
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children	Parents, Children
Economic Class	Lower, Middle	Lower, Middle	Lower	Lower	Lower, Middle
Type of Area	Rural and Town	Rural and Town	Rural and Town	Town	Rural
Geographic Location (HEW)	5	9	4	7	9
Child Condition	Normal	Normal	Normal	Normal, Retarded/ Handicapped	Retarded/ Handicapped
Ethnic Breakdown	Caucasian	Caucasian, Spanish Speaking	Caucasian, Black	Caucasian, Black	Caucasian
Focus: Cognitive	X	X	X	X	X
Affective	X	X	X	X	X
Psychomotor	X	X	X		X
Nutrition				X	
Health				X	
Delivery System: Where	Home and School	Home	Home, Media, School	Home and School	Home
How	1 to 1 and Group	Group	1 to 1 and Group	1 to 1 and Group	1 to 1
Philosophical Orientation	Behavioral	Cognitive Development	Cog. Devel., & Trad. Socio-Emotional	Cog. Devel. and Social Service	Behavioral
Funding Source	OE	OE	OE	OCD	OE, State and Local
Still On	X	X	X	X	X
Training	X			X	X
Curriculum Materials	X	X		X	X
Has Been Diffused	X	X		X	X
Evaluation Materials	X	X		X	X

TABLE 4 — Continued

MATRIX OF PROGRAMS AND DESCRIPTIONS

	Yakima, Washington 111	Ypsilanti, Michigan 112	Project Hope, AEL 201	Early Training Project DARCEE 202	Home Visiting Infants DARCEE 203
Age	0-5	3-5	3-5	3-6	0-2
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children	Parents, Children
Economic Class	Lower, Middle	Lower	Lower	Lower	Lower
Type of Area	Urban	Town	Rural	Town	Urban
Geographic Location (HEW)	10	5	Appalachia	4	4
Child Condition	Normal	Normal	Normal	Normal	Normal
Ethnic Breakdown	Caucasian, Black, Spanish Speaking	Black	Caucasian, Black	Black	Caucasian, Black
Focus: Cognitive	X	X	X	X	X
Affective			X	X	X
Psychomotor	X		X		X
Nutrition	X		X	X	
Health	X		X		
Delivery System: Where	Home and Center	Home and School	Media-Mobile Classroom	Home and School	Home
How	1 to 1 and Group	1 to 1 and Group	Group	1 to 1 and Group	1 to 1
Philosophical Orientation	Cognitive Development	Cognitive Development	Cognitive Development	Behavioral	Behavioral
Funding Source	OE, State and Local	OE	OE	OE, OEO, and NIH	OE
Still On	X		X		
Training	X		X		X
Curriculum Materials	X	X	X	X X	X
Has Been Diffused			X		
Evaluation Materials	X	X	X	X	X

TABLE 4 — Continued

MATRIX OF PROGRAMS AND DESCRIPTIONS

	Infant Ed. Project Hi/Scope 204	Verbal Interaction Project 205	Project Memphis 206	Florida Early Stimulation Project 207	Florida Follow Through Project 208
Age	0-3	2-5	0-5	0-3	6-9
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children	Parents, Children, Teachers and Schools
Economic Class	Lower	Lower	Lower, Middle	Lower	Lower, Middle
Type of Area	Urban	Rural, Town and Urban	Rural, Town and Urban	Rural and Town	Rural, Town and Urban
Geographic Location (HEW)	5		4	4	Appalachia 3, 4, 5, 6, 10
Child Condition	Normal	Normal	Retarded/ Handicapped	Normal	Normal
Ethnic Breakdown	Caucasian, Black	Mixed Group	Caucasian, Black	Caucasian, Black	
Focus: Cognitive	X	X	X	X	X
Affective		X	X	X	X
Psychomotor	X	X	X	X	X
Nutrition					
Health					
Delivery System: Where	Home	Home	Home, Center and Media	Home and Center	Home and School
How	1 to 1	1 to 1	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group
Philosophical Orientation	Cognitive Development	Behavioral and Traditional Socio-Emotional	Behavioral	Cognitive Development	Cognitive
Funding Source	Loc. & Private Foundations	OE, State, Local and Private	OE and State	OE, NIH and Private Found.	Development OCD
Still On	X	X	X		X
Training	X	X	X	X	X
Curriculum Materials	X	X	X	X	X
Has Been Diffused		X		X	X
Evaluation Materials	X	X	X	X	X

TABLE 4 — Continued

MATRIX OF PROGRAMS AND DESCRIPTIONS

	University of Illinois 209	Infant Learning Project 210	Binghamton, New York (Home Start) 301	Cleveland, Ohio (Home Start) 302	Dardanelle, Arkansas (Home Start) 303
Age	3-5	0-3	3-5	3-5	0-6
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children	Parents, Children
Economic Class	Lower	Lower	Lower	Lower	Lower
Type of Area	Urban	Urban	Urban	Urban	Rural
Geographic Location (HEW)	5	3	2	5	6
Child Condition	Normal	Normal	Normal	Normal	Normal, Handicapped
Ethnic Breakdown	Black	Black	Caucasian, Black	Caucasian, Black, Spanish Speaking	Caucasian
Focus: Cognitive	X	X	X	X	X
Affective		X	X		
Psychomotor		X	X	X	X
Nutrition		X	X	X	X
Health		X	X	X	X
Delivery System: Where	Home and School	Home and Center	Home	Home	Home
How	1 to 1 and Group	1 to 1 and Group	1 to 1	1 to 1	1 to 1
Philosophical Orientation	Cognitive Development	Cognitive Development and Social Service	General Child Development	General Child Development	Cog. Devel., Social Service, Trad. Socio-Emotional
Funding Source	OE	NIH	OCD	OCD	OCD
Still On			X	X	X
Training			X		X
Curriculum Materials	X				X
Has Been Diffused					
Evaluation Materials	X	X	X	X	X

TABLE 4 — Continued

MATRIX OF PROGRAMS AND DESCRIPTIONS

	Fairbanks, Alaska (Home Start) 304	Fort Defiance, Arizona (Home Start) 305	Franklin, North Carolina (Home Start) 306	Gloucester, Mass. (Home Start) 307	Harrogate, Tenn. (Home Start) 308
Age	3-5	3-5	3-5	3-5	3-5
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children	Parents, Children
Economic Class	Lower	Lower	Lower	Lower	Lower
Type of Area	Rural and Town	Rural	Rural	Rural and Town	Rural
Geographic Location (HEW)	10	Indian	4	1	Appalachia
Child Condition	Normal, Handicapped	Normal	Normal	Normal	Normal
Ethnic Breakdown	Caucasian, Black, Indian, Eskimo	Navajo Indian	Caucasian	Caucasian	Caucasian
Focus: Cognitive	X	X	X	X	X
Affective	X		X	X	X
Psychomotor				X	X
Nutrition	X	X		X	X
Health	X	X	X	X	X
Delivery System: Where	Home and Center	Home	Home and Center	Home and Center	Home, Media and Center
How	1 to 1 and Group	1 to 1	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group
Philosophical Orientation			Traditional, Socio-Emo., and Social Service	Cognitive Development and Social Service	Cog. Dev., Social Service & Trad. Socio-Emotional
Funding Source	OCD	OCD	OCD	OCD and Local	OCD
Still On	X	X	X	X	X
Training	X		X		X
Curriculum Materials					X
Has Been Diffused					
Evaluation Materials	X	X	X	X	X

TABLE 4 — Continued

MATRIX OF PROGRAMS AND DESCRIPTIONS

	Houston, Texas (Home Start) 309	Houston, Texas (PCDC) 310	Huntsville, Alabama (Home Start) 311	Jacksonville, Florida (PCC) 312	Leitchfield, Kentucky (PCC) 313
Age	3-5	0-3	2-5	0-3	0-6
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children	Parents, Children
Economic Class	Lower	Lower	Lower	Lower	Lower
Type of Area	Urban	Urban	Rural and Town	Urban	Rural
Geographic Location (HEW)	6	6	Appalachia	4	4
Child Condition	Normal	Normal	Normal	Normal, Retarded/ Handicapped	Normal, Retarded/ Handicapped
Ethnic Breakdown	Caucasian, Black, Spanish Speaking	Spanish Speaking	Caucasian, Black	Black	Caucasian, Black
Focus: Cognitive	X	X	X	X	X
Affective		X	X	X	X
Psychomotor			X	X	X
Nutrition	X		X	X	X
Health	X		X	X	
Delivery System: Where	Home and Center	Home and Center	Home and Media	Home and Center	Home and Center
How	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group
Philosophical Orientation	Traditional Socio-Emo. & Social Service	Cognitive Development	Cog. Devel., Social Serv. & Trad. Socio-Emotional	Traditional Socio-Emo. & Social Service	Traditional Socio-Emo. & Social Service
Funding Source	OCD	OEO, OCD	OCD	OCD	OCD
Still On	X	X	X	X	X
Training	X		X	X	X
Curriculum Materials		X	X	X	X
Has Been Diffused		X			
Evaluation Materials	X	X	X	X	X

TABLE 4 — Continued

MATRIX OF PROGRAMS AND DESCRIPTIONS

	Millville, Utah (Home Start) 314	New Orleans, Louisiana (PCDC) 315	Oakland, California (PCC) 316	Parkersberg, West Virginia (Home Start) 317	Philadelphia, Pennsylvania (PCC) 318
Age	3-5	0-3	0-3	3-5	0-3
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children	Parents, Children
Economic Class	Lower	Lower	Lower, Middle	Lower	Lower, Middle
Type of Area	Rural	Urban	Urban	Rural	Urban
Geographic Location (HEW)	8, Indian	6	9	3	3
Child Condition	Normal	Normal	Normal, Retarded/ Handicapped	Normal	Normal, Retarded/ Handicapped
Ethnic Breakdown	Caucasian, Spanish Speaking	Black	Caucasian, Black, Spanish Speaking	Caucasian	Black
Focus: Cognitive	X	X	X	X	X
Affective	X	X	X	X	X
Psychomotor	X		X	X	X
Nutrition	X		X	X	X
Health	X		X	X	X
Delivery System: Where	Home and School	Home and Center	Home and Center	Home and Center	Home and Center
How	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group
Philosophical Orientation	Cognitive, Development & Social Service	Cognitive, Development & Trad. Socio-Emotional	Traditional Socio-Emotional	Cognitive, Development & Social Service	General Child Development & Social Service
Funding Source	OCD	OEO & OCD	OCD	OCD	OCD
Still On	X	X	X	X	X
Training	X	X	X	X	X
Curriculum Materials	X	X	X	X	X
Has Been Diffused		X			
Evaluation Materials	X	X	X	X	X

TABLE 4 — Continued

MATRIX OF PROGRAMS AND DESCRIPTIONS

	Reno, Nevada (Home Start) 319	San Diego, California (Home Start) 320	Weslaco, Texas (Home Start) 321	Wichita, Kansas (Home Start) 322
Age	3-5	3-5	3-5	3-5
Goals for	Parents, Children	Parents, Children	Parents, Children	Parents, Children
Economic Class	Lower	Lower	Lower	Lower
Type of Area	Urban	Urban	Rural	Urban
Geographic Location (HEW)	9	9	6, Migrant	7
Child Condition	Normal	Normal	Normal	Normal
Ethnic Breakdown	Mixed Group	Mixed Group	Spanish Speaking	Caucasian, Black, Spanish Speaking
Focus: Cognitive	X	X	X	X
Affective	X		X	X
Psychomotor	X		X	
Nutrition		X	X	X
Health		X	X	X
Delivery System: Where	Home, Media and Center	Home and Center	Home, Media and Center	Home and Center
How	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group	1 to 1 and Group
Philosophical Orientation	Cognitive Development & Social Service	Cognitive Development & Social Service	Cognitive Development & Social Service	Social Service
Funding Source	OCD	OCD	OCD	OCD
Still On	X	X	X	X
Training			X	X
Curriculum Materials				X
Has Been Diffused				X
Evaluation Materials	X	X	X	X

II. Overview of Programs — Summary and Recommendations

This section is written to correspond with the program review outline provided in Table 1.

Population

A total of 44 programs are represented in this review. Included in the review are 15 programs which dealt with normal children between the ages of birth and 3 years; 29 programs for normal children between the ages of 3 and 5 years; and 5 programs for normal children between the ages of 5 and 9 years. Programs for handicapped children are represented by descriptions of 11 programs. In addition, 8 bilingual programs are included in the review.

Programs from all geographical regions of the United States have been reviewed. Twenty-two of these programs are located in large cities, 13 in small cities, and 22 in rural areas. A majority of the participants in these programs are low income, even though the review includes a number of programs designed for participants from all economic levels. Participant families included a variety of ethnic populations with majority representation from Caucasian, Black and Spanish-speaking groups.

A decision maker using this guide should make an effort to match the target population factors of a proposed program with those factors reported for specific programs in this review. In doing so, the program designer can examine the alternatives available and develop a program which will relate to the culture and geographic location of the families to be involved.

We recommend that programs specify in written materials information concerning the age, economic background, geographic location and ethnic background of the program population. These data greatly facilitate external program review.

Needs Assessment

A review of these programs reflects two types of needs assessment: 1) assessment prior to program design and 2) assessment of individual families prior to or concurrent with admission to the program. In general a review of these programs indicates no formal needs assessments were made prior to program design. The rationale for each program design generally rested on literature indicating the importance of the early childhood years, the importance of the home and the need to involve parents as teachers of their children. In cases where efforts were made, the major procedures seemed to be informal in nature. These procedures included talking with parents to obtain their views on program design or examination of geographic characteristics.

Assessment of family needs after admission to the program was conducted in many of the Home Start programs. Similarly, all of the programs for handicapped children included assessment procedures for screening purposes. In general, assessment of family needs served as a basis of designing a curriculum and delivery package.

We would suggest to new program decision makers that some form of needs assessment should be conducted. At the very least, parents should be involved in discussing what kind of program they would like and their needs for such programs [refer to the Education Commission of States (ECS) document on needs assessment in the bibliography].

Objectives and Goals

Objectives for Parents—All programs specify some goals for parents. Generally these can be grouped under three headings: 1) Improving parental skill in "teaching" the child; 2) Improving parents' responsiveness and sensitivity to the child; and 3) Improving the home setting in relation to nutritional and health arrangements for the child.

Objectives for Children—Every program states cognitive objectives for children. For the children between 0 and 3, cognitive and psychomotor objectives are mixed since some of the major ways of assessing intellectual development during this age range are obviously through the psychomotor domain. While objectives were often broadly indicated in the socio-personal domain, they were generally secondary in importance to the cognitive objectives.

A basic problem in reviewing programs was that it was often difficult to see the connection between the broadly specified objectives for program participants and the specific or synergistic elements of the delivery system which related to the achievement of those objectives. As objectives for an individual program are developed we would recommend that the strategies or necessary conditions for achieving those objectives be carefully considered and indicated.

Goals for parents were usually stated in terms of goals for mothers. Rare programs addressed themselves to either goals for fathers or specific involvement of fathers. In some cases the goals for mothers were for mother substitutes or mothering ones rather than the biological mother. This emphasis on the mother, or mothering one, cuts across programs for normal and handicapped children, dif-

ferent ethnic groups and different social classes represented in this review. A rare exception to the general "mother-as-target" rule is the Houston Parent Child Development Center, a bilingual program for Mexican-American families in which involvement of fathers was central to the program's thrust.

Objectives for Others—A number of programs specified institutional goals, such as improvement of school-family relationships, location of children with special needs, development of health systems, involvement of parents in later school programs, community coordination, and interagency cooperation.

Specific Skills, Abilities and Understandings for Children

Cognitive Skills—Programs can be classified into two major categories according to their specificity of cognitive goals. One group of programs might be called Criterion Referenced. They indicate very specific cognitive skills or very specific language skills for children. Such programs as the Verbal Interaction Project as well as those programs which use the North Carolina Learning Aptitude Profile fit into this category. The second major group is those programs which specify cognitive goals measured through standardized instruments, such as the Bayley, Stanford-Binet, or achievement tests which are normative in nature. Programs which flow from a behavioral orientation tend to be more item specific in their goals. In some programs the specific skill in the goal determines the content of the curriculum, and even the mode of delivery; whereas, in other programs the mode of delivery is more general, and the skills being measured are not directly tied to specific instruction.

Our suggestion for program developers is that they carefully examine both their own philosophical orientations and those represented in these programs so that they do not select program components, either goals or modes of delivery, which are tied to a particular position which is not the same as their own. This point is especially important in the area of cognitive development since a variety of theoretical and philosophical approaches to instruction are represented in the field.

Affective Goals—Although many programs state broad affective, or social personal goals for children, this area is not well represented in the specific skills, abilities and understandings. The problem is not the fault or responsibility of program designers. The lack of specificity in the affective domain represents the need for affective measures for children between 0 and 5 that are equivalent to the measures developed in the cognitive domain. Those programs which do attempt to specify affective goals generally used observable behavior of children in group settings or ratings by parents or teachers rather than a test format.

We would urge new program developers to include affective goals in spite of the measurement difficulties of the state of the art. The use of observation techniques represented in these programs probably offers us the most reasonable way of proceeding at this particular point.

Psychomotor Goals—Several programs stress specific skills or abilities to be developed. This is especially common in infant programs since psychomotor performance is closely related to cognitive development during infancy. Programs which use the Learning Aptitude Profile state particular skills in the psychomotor domain.

It is interesting to note that the development of specific psychomotor goals seems to be less important once the child passes the age of 3. We would recommend that a careful look be taken at the types of psychomotor developments that are ammenable to program manipulation and are critical to the general development of the child between 3 and 9.

Other Goals—While nutrition and health are basic components in many of the programs, rarely are specific health care skills or nutritional understandings set as goals for children. Where they are indicated, goal statements generally include eating habits, personal hygiene, and safety. Frequently nutrition and health goals are stated in terms of improving the parent's understanding and knowledge or the provision of medical services to the families.

We would highlight the importance of the nutritional and health domain particularly in the area of early childhood, and especially the importance of protein nutrition during the infant period. We would encourage programs, even those focusing primarily on education, to include a nutrition and health component in their overall approach to parent-oriented efforts with objectives related to children as well as parents.

Methodology—Methods used to implement programs are functions of the age of the children, the geographical location, and the population. However, there are a number of methodological viewpoints which transcend this. It is possible to divide the programs represented in this review into three main categories in terms of the major location of the program: Home; Home plus Center; and Center plus Home. (Table 5) Within the second category, home visits combined with center, there are three types of center operations:

1) Parent group meetings held either in the evenings for both parents or in the day predominantly

TABLE 5 — METHODOLOGICAL CHARACTERISTICS

	Home Visit Only	*Home Visit with Center*	*Center with Home Visit*
Uses Media		108, 201, 206, 308, 311, 319, 321	
Task Selection			
1. Specific task and/or sequence	101, 105, 110, 203, 205, 305	106, 108, 109, 201, 202, 206, 207, 208, 209, 307, 308, 312, 319	102, 112, 313, 315, 316, 318
2. Home visitor selects	301, 302	111, 210, 304, 306, 311, 317, 321, 322	
Teaching/Home Visiting Staff			
1. Professional	101	202, 206, 209, 321	102, 106, 112, 313, 316
2. Paraprofessional	107, 201, 302, 303	104, 108, 111, 207, 210, 304, 306, 307, 309, 314, 317, 319, 320, 322	315
3. Both professional and paraprofessional	105, 110, 204, 205, 305	103, 109, 201, 208, 308, 310, 311, 312	318
Role of Home Visitor			
1. Teacher			
a. of the parent	110, 203, 301, 302, 303, 305	103, 111, 209, 304, 306, 310, 314, 321	106, 313, 318
b. of the child		108, 201, 202, 207, 210	
c. of the parent and child	107, 204, 205	104, 108, 109, 206, 208, 308, 309, 311, 320	102, 112, 315, 316
2. Demonstrator	101, 105, 107, 203, 205, 301, 302	108, 109, 201, 207, 210, 304, 307, 308, 312, 314, 317, 319, 322	316, 318
3. Facilitator			
a. Intrafamily	302	304, 308, 317	
b. With Agencies			
1. Direct Services		310, 311, 312, 314, 317	315, 318
2. By Referral	301, 302, 303, 305	304, 306, 307, 308, 309, 311, 312, 314, 317, 319, 320, 322	318

for the mother in which the efforts are either presentations of information or group discussion;

2) Parent interaction efforts in which mother and child come to the center and mothers either observe their children and discuss what they observe, or engage in direct interaction with their children and receive feedback on this interaction. Using this type of center, the child could either be taught directly by its parent, or be taught by teachers with the parent as observer.

3) The third type is a combination in which the child attends the center independent of the parent while the parent is involved in a home visit program. The home visitor can either be the teacher of the child in the center, an auxiliary person to the teacher, or completely independent of the teacher.

The third category, center with home visit, is represented by programs in which the child either attends school or a day care center for considerable periods of time during the week which is linked to a home visit program for the parent. The locator tables indicate programs which are strictly home visit and which are some combination of home visit and center. Examination of specific programs is essential to determine the elements of the center operation.

Overlaying the above three categories are instructional and staffing strategies which more clearly reflect the philosophical orientation toward parent-child learning. Some programs combine television programming as a curriculum resource directly aimed at the children in which materials are con-

structed with program goals in mind (e.g., Around The Bend), while others use existing public and commercial television as sources for parent-child mutual observation and utilization (e.g., Sesame Street, Captain Kangaroo).

Many programs prescribe an activity to be presented in some fashion during the home visit. There are three main approaches to such home instruction. (1) Some programs have "tasks" to be delivered but the home visitor has considerable flexibility in determining the order of task presentation, so that there is an attempt to match family needs to instructional activity by the home visitor. (2) Other programs have a more specific, organized, sequential curriculum in which activities must be delivered in a particular order. Consequently, only minimal allowances are made in the activity in terms of matching the individual differences among the families. In this approach, home visitors adapt instruction to the family in other fashions (e.g. rate of presentation, teaching style) but preserve the sequence of the material. (3) The third approach to presentation of activities places complete responsibility for the selection of activities, sequencing, and their style of delivery upon the home visitor. In such instances, there is usually a library of activities in the project and the home visitor is completely responsible for matching family needs to the activities in the file.

Programs vary in curriculum content, even though two programs may not vary in the fact that they both have a sequential approach to instruction. The variance in curriculum content partially reflects the philosophical differences between programs. In the area of curriculum content, some programs stress the utilization of "beautiful junk" with the rationale that the curriculum being introduced should utilize the natural objects in the child's environment. Other programs specify the use of specific toys, specific books, or commercial materials which emphasize the introduction of objects into the home that may not otherwise be present. Other curriculum content differences reflect theoretical differences, such as cognitive-developmental orientations versus behavioral orientations stressing operant learning principles. Cutting across these two theoretical orientations are programs which consider the maturational-developmental aspects of the child and stress matching curriculum to child development.

Programs also vary in their expectations of parents as contributors to the development of the curriculum. Some programs involve and seek curriculum ideas from parents. Other programs are prepackaged and deliver what has been designed. Some programs that use packages, or preconceived activities, involve parents in assessing curriculum materials and effectiveness.

In the overwhelming majority of cases the home visitor is a paraprofessional who is specifically trained for this role. Usually the rationale is that it is more appropriate to employ the people from the group being served, because this permits easier rapport and a more meaningful approach for parents. In some cases, the home visitor is a professional. In several of the university related or research oriented programs, the original project had been developed through the use of a professional and the second generation of the project or its dissemination efforts have shifted to the use of paraprofessionals.

Supervision in home visit only programs is provided by professionally trained people, whose backgrounds are either in early childhood education, or social work. In programs which are combinations of home visit and center, the director and teachers in the centers are generally professionally qualified personnel.

In the programs represented, the home visitor has three major roles: 1) teacher, 2) demonstrator, 3) facilitator. Within the teacher role, some programs stress the home visitor as the teacher of the parent, some as teacher of child, and some as teacher of parent-child in interaction with each other. Major philosophical differences emerge in the specificity of the home visitor as teacher. In some programs, the home visitor is encouraged to increase the amount of parent-child interaction in terms of autonomy-granting on the part of the parent, improvement of the affective climate and the general interchange of parent-child dialogue. In other programs, the effort is more closely related to teaching the parent behavior modification skills for working with the child. There is usually a connection between the home visitor role definition (i.e., home visitor as teacher of parent), and the curriculum content (i.e., specificity and sequence). Generally then the home visitor as teacher is attempting to create an image in the mind of the parent as teacher, broadly defined, as well as to use specific management techniques and to teach those techniques to the parent to use with the child.

The home visitor as demonstrator generally rests on the rationale that the parent learns through modeling rather than necessarily through direct instruction. This approach places the major responsibility for working with the child on the parent rather than on the home visitor.

A third role is that of facilitator. In programs which utilize this approach, the focus of the home visitor is on understanding the family's needs and providing forms of support to the family which may

not include any formal instruction of the mother or any formal delivery of material. In this case the facilitator is a responder to the parent rather than an initiator of activities. Facilitation can be either responding to what is occurring in the family structure or an ombudsman-type role of connecting the family to needed social services. Some programs include direct facilitation through the home visitor in that the program itself provides comprehensive social services. Other programs train the home visitor as a referral agent to external agencies who then provide the appropriate service.

In brief, we have defined three main roles the home visitor plays in the representative programs. These roles are not mutually exclusive and, in fact, many programs involve elements selected from across each of the roles. This is not necessarily inappropriate and may be desirable within a given program. We recommend, however, that program developers clearly define the home visitor role and recognize the relationships between curriculum content, role definition, and philosophical orientation.

Programs vary in the length of time of involvement of parents and children. Most programs involve the family for more than an academic year. This cuts across most home visit and home-center program types and does not seem to rest on any of the demographic characteristics or objectives for programs. Programs which last for a year or less, either are at age 4 in which children will be moving into formal school programs, or are reflective of early intervention research efforts. Generally, as we examine the evaluations, it seems clear that it takes time for impact to be made. We would therefore encourage new program developers to plan on a several year effort rather than a single academic year or less.

Programs vary in the frequency of visits with the typical program utilizing one home visit a week for approximately one hour or two hours. However, programs vary on up to one home visit a month, and down to several a week. To some degree the frequency of home visits is related to whether or not the program is exclusively a home visit program or includes a center effort. In different programs frequency of home visits is related to the age of the child, the amount of time the family has already been involved in the program, and the duration of the program.

Personnel—The typical ratio of staff to family for the home visit component is approximately 1 to 10 or 1 to 12. Ratios of center personnel vary considerably, depending upon the amount of time in the center and whether the focus is on the child or on the parent-child interaction. Generally speaking, the center personnel include professionally trained and qualified people as supervisors of both parents and paraprofessionals. Home visit programs generally are carried out by paraprofessionals. The supervision ratio is approximately 1 to 5, although this number varies in both directions. Some programs include as personnel social workers, nurses, psychologists, and medical personnel. This seems to be more typically the pattern in the Office of Child Development and Office of Economic Opportunity programs. Most programs in which this does not occur have some out-reach capability. The professional qualifications of teachers and directors usually are training in child development and early childhood education at the undergraduate level and very often at the masters level.

Staff Training—It seems that the amount of time spent on pre-service training of the paraprofessionals ranges from two weeks to five weeks. Generally, it is an extremely short pre-service time. A great deal of training occurs through the vehicle of in-service activities. Programs generally assign approximately one day a week for in-service supervision and/or training. This in-service training may include curriculum development group meetings and one to one conferencing. Some programs possess the capability of using video tapes so that both paraprofessionals and parents as well as teachers can observe their performance and improve skills from examination of the media.

We would recommend that regardless of the amount of pre-service time, that this investment of one day a week for in-service seems to be an essential characteristic of successful programs. The in-service training should include, and has in most cases, all personnel involved in the program. This means that there is continuous upgrading of the professional as well as the paraprofessional staff. The training should involve all staff because of the need for better understanding of problems across the varied personnel in the program.

Agencies—As noted in the locator system, school systems are responsible for the programs reported in the first set, with universities generally responsible for the second set and community agencies for the third. An examination of the materials does not seem to suggest any clear relationships between agency sponsorship and program design. In brief, community agencies, schools and universities used variations of home visit and center approaches with children of different backgrounds and different ages. There are a few examples of cooperative effort in which a university, a school system and local community agencies join together to either sponsor or implement a local program. There are also a few examples of programs run by one agency with cooperative input from a variety of community

agencies. We would encourage the cooperative inter-agency approach whenever possible. One of the major problems that faces the field is the lack of communication across agencies and even in some cases there has been territorial warfare. The number of programs which indicate inter-agency relationships is a hopeful sign for the future.

Policy advisory councils are indicated as a basic organization for the Home Start programs and occasionally for other programs. Membership on such councils normally includes representatives of community agencies, professionals, parents and other interested people. Frequently majority membership is held by parents from the program. This is a requirement for Office of Child Development programs and is an emerging requirement for Office of Education programs. We would encourage any group planning a new program to include considerable parent input into all phases of the operation. Even decision-making as to whether a program should be developed and the initial planning stages should include parents who might be prospective users of the program.

Management Procedure—All of these programs are funded by external sources, that is, by federal or state funds beyond the capacity of local communities. Although in some cases overall costs are presented and cost per child calculated, these figures should be viewed with considerable caution. Often these costs represent start-up costs and in many cases include research, curriculum development and other program essentials which would not necessarily need to be undertaken in straight service efforts. We would suggest that the only fair way for a community to calculate costs is to assemble its own program elements and to estimate costs for each of these elements in local budget terms.

Evaluation—There are a number of fundamental differences between research and evaluation. Projects listed in the middle section of this report are primarily research-oriented projects. Most research projects include an experimental design with some form of comparison between experimental and control groups. Many of the programs listed in other sections of this report, however, are service-oriented projects with an external evaluation design. That is, the evaluation is designed by people not connected to the project or, in the case of Home Start, a national evaluation group. Even though the criteria for research are different from criteria for evaluation, both address themselves to the general question: does it work:

In respect to the research-oriented programs, the reader should examine carefully sample size and available attrition data for longitudinal research efforts. A second concern is whether or not the program description indicates random assignment of families to experimental or control conditions. Even though this is a problem which plagues field research, an adequate research design requires random assignment of participants to different treatment groups. For terminated projects the program review indicates whether the performance measurements for both experimental and control groups were obtained immediately at the end of the program or were repeated over a period of time following the treatment. Obviously, those programs which indicate a longitudinal design and long-lasting effects should be viewed more closely than those programs which report only immediate gains at the termination of the project.

A trend in programmatic research is an increasing emphasis on enduring effects as well as indirect effects on participant families. In this respect a useful research design for future programs would include some means of studying vertical diffusion; that is, the effects of programs on younger siblings in the family. There are examples of such designs and effects in two of the programs reviewed.

As was mentioned earlier, very few programs describe a needs assessment which is an essential component in adequate evaluation and program design. A desirable evaluation framework would include a needs assessment prior to program implementation and an evaluation mechanism by which it would be possible to see whether the needs are being met. What we see in many of these programs is a broad statement of goals for parents, children and institutions; followed up by narrower and more specific objectives for children; and measurement of even narrower and more specific aspects of child behavior. The fact that many objectives are indicated for parents and others is not reflected in the evaluation of these programs. It is a rare program which assesses either changes in the parents or changes in the institution in spite of indicating objectives in these areas. Many programs specify concern for mother-child or mother-infant interaction, but few programs measure either the general performance or behavioral changes in this domain. There were two groups, however, which report measurement of parent-child interaction: Florida Programs and the New Orleans Parent-Child Development Center program.

Similarly, while many programs listed objectives for children in the affective and psychomotor domain, there is a paucity of evaluation of performance in these domains.

Although the above comments seem negative, they are meant to reflect the state of the art rather than criticizing any particular program. In spite of the gaps between objectives and measurement and the

lack of elegant research design, the general thrust of these programs suggests that they are bringing about useful changes for parents and children. Each program deserves much further study. The prospective program developer should not only examine the written description but obtain additional informal evaluation information (e.g. anecdotal records). Informal evaluation sometimes yields more useful data than some of the quantitative measures which are required by funding agencies.

In general, most of the programs describe a mechanism for process evaluation. Very often, this took the form of a log or a weekly record sheet on which either the center or home visit activities are reported. The process measures are used in the in-service training activities which is a highly desirable combination. In this respect the process measures operate as formative evaluation, that is, they are utilized for program decision making rather than simply being data collected.

Instruments—Generally the child measures are standardized measures, predominantly in the cognitive domain. These are instruments such as the Bayley, the Stanford-Binet, the Boehm, the Palmer Concept, Familiarity Index, Peabody Picture Vocabulary test, etc. When these are not utilized, the measures for children are criterion referenced for a specific behavior such as "climb two steps", "button his or her own clothing".

We would call particular attention to the development of observation schedules for examining mother-infant interactions. The New Orleans and Florida programs describe observation schedules which can be either utilized in their present form or adapted and modified for use in other programs.

Many programs use medical records and home environmental data forms. The need is to move toward some type of common form so that programs can be more effectively compared. This is an objective of the Office of Child Development. We would suggest, however, that before a new form is created, program developers closely examine the presently existing home environment measures. We recommend that program designers take a close look at a variety of existing forms as guides for developing local materials that more closely reflect the culture of the population to be involved in the project. While standardization sounds like a good thing, it should never override local considerations, especially for service programs.

Consistent with other reviews (e.g. Stedman, *et al.* 1974) this review indicates that we need to develop measures in the affective domain for adults and children, as well as more and better measures of adult-child interaction. While programs indicate concern for parent and child attitude this remains a difficult measurement area. The difficulty is reflected in the inability of programmers to assess gains in this area.

In summary, programs are included because they contain an evaluation or research design. While it is easy to criticize past efforts, all programs have some systematic means for attempting to see how the program is going and to modify practices during operation (i.e., process or formative evaluation) as well as to assess the effectiveness of the program (i.e., summative evaluation). Where there are gaps or disappointments, the responsibility probably lies in the general state of the art rather than at the door of the program people represented here.

TABLE 2—LIST OF PROGRAMS

Code	Name of Program	Page
School System Programs:		
101	Brookline, Massachusetts	III-5
102	Ferguson-Florissant, Missouri	III-7
103	Madison, Wisconsin	III-11
104	Marshalltown, Iowa	III-12
105	Portage, Wisconsin	III-14
106	Redford Township, Michigan (PREP)	III-16
107	Santa Clara, California (Spanish Dame)	III-17
108	State of Tennessee	III-19
109	Waterloo, Iowa	III-21
110	Wichita Falls, Texas (PEECH)	III-23
111	Yakima, Washington (Project Home Base)	III-24
112	Ypsilanti, Michigan (Perry Pre-School Program)	III-25
University, Regional Education Lab, Research Programs:		
201	Appalachian Education Lab—Project Hope	III-29
202	DARCEE—Early Training Project	III-32
203	DARCEE—Home Visiting with Mothers and Infants	III-33
204	Hi/Scope—Ypsilanti—Carnegie Infant Education Project	III-34
205	Levenstein—Verbal Interaction Project/Mother-Child Home Program	III-35
206	Memphis State University	III-38
207	University of Florida—Early Stimulation Project	III-39
208	University of Florida—Follow Through Project (also #113)	III-42
209	University of Illinois—Karnes	III-44
210	University of Pittsburgh	III-45
Community Agency Program:		
301	Binghamton, New York (Home Start)	III-60
302	Cleveland, Ohio (Home Start)	III-60
303	Dardanelle, Arkansas (ARVAC; Home Start)	III-61
304	Fairbanks, Alaska (Home Start)	III-62
305	Fort Defiance, Arizona (Home Start)	III-63
306	Franklin, North Carolina (Home Start)	III-64
307	Gloucester, Massachusetts (Home Start)	III-65
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SCHOOL SYSTEM PROGRAMS

Brookline Early Education Project
Brookline, Massachusetts

I. The program for infants and toddlers covers the ages from birth to sixty-three months. However, the current program is confined to birth to thirty months.

II. There is no statement that any systematic needs assessment was performed.

III. A. The objectives for parents are to increase their skill in responsiveness to infants based on the rationale that:

1. Each child possesses at birth a unique repertoire of strengths and weaknesses which will change continually through the combined effects of maturation and experience.
2. Each child's growth and development can be observed, measured, and influenced at least as early as the moment of birth.
3. The primary facilitators of healthy development during the first three years of a child's life are the parents for they construct the social and physical environment in which the child will operate.
4. All children are basically curious and initially self-motivated to interact with the people and things they encounter.
5. Adaptation occurs through successive conditions of equilibrium as the child first assimilates new information to existing schemata and then accommodates to the new information.
6. Throughout the sensori-motor period (the period of immediate concern to BEEP), perceptual, motor, and cognitive learning occurs through concrete interaction between the child and the environment.
7. There are sensitive periods during the first three years of life during which the interaction between the child's developing abilities and the conditions imposed upon them by the environment is a particularly salient influence on the child's development.

B. The objectives for children were to enhance their general development as indicated in the above rationale.

IV. The program is designed to reach a representative cross section of the Brookline population as well as to include Spanish-speaking and Black families from Boston. As of October 15, 1974, there were 282 children from 277 families: 169 White, 63 Black, 35 Hispanic, 14 Oriental, and 1 East Indian. The socioeconomic status for the 175 Brookline children covers all eight SES ranks.

V. A. & B. Although there are cognitive goals, no specific skills, abilities and understandings have been stated; no specific affective goals stated. The Bayley scales and the Denver Development Scale as well as locally developed schedules are used at twenty-four months. The Stanford-Binet scale is used at thirty months as is the Harvard Test of Abstract Abilities.

D. Medical evaluation is elaborate.

VI. A. A basic set of services is provided for all families which consists of: a Family Center available for use while children are cared for in a supervised playroom; a staff of teachers available for consultation on matters relating to child development; a library of books and pamphlets available in the Center or on loan; a library of toys available in the Center or on loan; a library of films and videotape on child development and related topics available in the Center; a series of special events such as workshops, films, and lectures; a staff car or taxi available to transport them to and from the BEEP Family Center. Delivery consists of two major activities in the birth—twelve and twelve—thirty month ages. Educational services are one home visit a month for one-third of the families, one home visit every six weeks for another third of the families and none for the third set. In addition there is an optional frequency of additional home visit a month or one education group session a month for the first group and at the six week point for the second group. It is expected that play groups will be developed for the children toward the end of the second year of life. The third group (one-third of population) is a center-based program with a skilled teacher available.

The home visit consists of conveying educational information to help parents become accurate observers of the child's

development and to increase their sensitivity. Toys and games may be suggested. Issues related to family child rearing practices are directly assessed and attention paid to the characteristics of children at the particular age. The optional lecture and discussion groups are evening sessions and there are efforts under way to set up some parent group meetings including special interest groups in relation to ethnicity.

B. Personnel are professionals. There are ten teacher/home visitors with a minimum training of a B.A. and a maximum of M.Ed. There is one supervisor of the parent and infant education program, a project director, one center teacher and one Masters level psychologist, Doctoral level; four M.D.s; one R.N.; one Masters level psychologist; one and a half social workers. Program evaluation consists of two people with Masters degrees. For the educational program this represents one teacher/home visitor for approximately 19 families, and one center teacher for 94 families.

C. Staff training includes principles of child development and related parent behaviors, themes of the program, development of curriculum sequences, questions to structure home visits. There is a teacher training guide manual. No indication is given of the amount of time required to train teachers.

D. The program is under the control of the superintendent of schools of Brookline. There is an advisory panel drawn from universities and hospitals as well as from agencies in the area. There are several advisory committees. One, a policy review committee representing the Brookline school administration, Children's Hospital, and the Harvard Graduate School of Education. A second committee is a professional advisory committee drawn from the area, and a third, a parent advisory group, has been initiated "to advise on matters related to client privacy, informed consent, and outside requests for access to BEEP research data: (1974, page 47)." It is clear the program has a heavy medical emphasis as well as an educational emphasis. There are social work agencies available for service to families.

VII. The project is funded by the Robert Wood Johnson Foundation at the rate of $400,000 for the two year operational period, 1972 through 1974. The Carnegie Corporation of America is also supporting the project. Policy determination is made by the group mentioned above drawn from the Brookline schools, the Children's Hospital, the Harvard Graduate School of Education, plus the director, the three program supervisors, and the historian. The administrator of the program is Dr. Donald E. Pierson.

VIII. The program is being evaluated by the use of standardized measures, both psychological and medical. There are as yet no published research and evaluation data, although there is a design for longitudinal evaluation. There are sets of instruments and forms especially in the medical diagnostic domain.

Unobtrusive measures will be collected on the frequency of contacts, the use of physical resources, the use of the center, informal comments from the parent group sessions and the like. Some home visits will be videotaped for examination. General strategy will be multiple analysis using all of the data. In addition, case studies of families are being maintained.

IX. A. Initiation date 1972. The program is ongoing with plans to continue in to 1979. This is a longitudinal program so that the children involved from birth will still be in it through the pre-kindergarten years.

B. There is no single instructional period indicated. The schedule includes one home visit a month up through thirty months of age for one-third of the population, one home visit every six weeks for another third, and simply basic services for the third group.

C. The program contact person is either Dr. Donald Pierson or Miss Mary Jane Yurchak, Supervisor of the education program. The address is 40 Center Street, Brookline, Massachusetts, 02146. The phone number is (617) 734-9415.

X. Projects reports for 1973 and 1974 are available. Visits can be made. There are lists of appropriate toys for children from birth through eighteen months, lists of common household items that can be used as toys, and criteria for toys, all of which are available for those interested in a toy library.

Parent-Child Early Education Program
Ferguson-Florissant School District, Missouri

I. The Saturday School Program, a school and home learning program, is for four-year-olds living in the district.

II. While there is no statement that needs assessment was performed, there is an initial evaluation of each child by the teacher and parent before the start of school. Children who evidence a need receive further in-depth diagnosis. More than 40% of the children evidenced this need due to visual, hearing or speech impairment, low intellectual functioning, emotional problems, language difficulties or perceptual disorders.

III. There are objectives and goals for students, parents and teachers.

A. The goals for parents include both process and product goals in the areas of identification of children's abilities and skills, improvement of attitudes toward school and knowledge of principles of child development.

B. The objectives for children include either overcoming the initial needs indicated in II above or the enhancement of abilities in each of these areas.

C. Objectives for teachers include improvement of communication with parents and ability to diagnose children's needs.

IV. A. Children enter the program at age four.

B. Families in the program come from middle class families within the district which is a suburb of St. Louis, Missouri. The average income level is $15,000-$16,000; average age of parents is 25; average number of years of schooling is 11.6.

C. The area is suburban.

D. The overwhelming majority of the families are Caucasian with a very small middle class Black group.

V. Specific skills for the children are in all three domains.

A. In the cognitive domain, there are skills in language and concept development such as speaking, reciting, identifying alphabet, printing name, knowing telephone number and performance on picture vocabulary, picture completion, copying, and standard school entry skills as measured by the screening test of academic studies.

B. In the affective domain, specific areas are self-concept (expressing feelings in acceptable ways, paying attention and concentrating well) personal-social development, such as dressing self, sharing, participating effectively in games, helping with household tasks.

C. In the psycho-motor domain, running, riding, ball playing, skipping, using small muscles are some of the specifics.

VI. A. Methodology. Children from two or three neighboring schools come to one Saturday school center where two or three classes of 20 each are staffed by a teacher, parent volunteers and high school aides. This session lasts two and one-half hours and includes opening activities, small group instruction periods, creative play and a closing activity. The parents can actively participate in this session. This is accompanied by a weekly home activity guide suggesting to parents activities to be done at home in informal, natural, spontaneous ways.

There are regularly scheduled home teaching visits with one child or a few neighboring children including the parents as well. This visit is for approximately 30-45 minutes in which the teacher not only discusses the previous week's progress but involves the child and parent in three to six learning activities and lets the four year old select the book from the lending library. The scheduling of such visits is staggered depending upon parental and child need from as frequently as twice a week to as little as twice a month. Eighty percent are seen weekly.

For those children with special needs, a broad range of services is provided including guidance with counseling with the child, continued classroom observation and contact and the use of staff specialists in the various learning fields.

B. The Saturday school session, as indicated above, uses a mixture of teachers and volunteers who are paraprofessionals. The ratio of trained staff to children in the classroom is 1 to 20. Each teacher visits the homes of the 20 children in her session.

C. There is considerable staff training required for implementation. The program

has developed a staff development program for pre-school teachers which includes preservice training and at least two inservice sessions a month. These inservice sessions include: identifying needs of children, planning for the instructional program, planning and evaluating home activity guides and curriculum development as well as learning how to work with parents. Teachers also receive help in the identification of children with special needs.

D. The agency responsible for delivery of services is the Ferguson-Florrisant School District. Included in the responsibilities are provision of special services in the area of learning disabilities.

VII. A. The funding source is Title III, ESEA.

B. The policy determination is made by the school district.

C. The administrative decision maker is Miss Rosemary Wilson, director of the program.

D. Staff organization: In addition to the project director, there is a project disseminator, teachers and volunteers consisting of both parents and high school aides. There is no clear indication of the number of such paraprofessionals involved in the program. There are, in addition to regular teachers, part time teaching specialists for children with learning disabilities, part time consultant specialists in testing and evaluation, audiology, nursing, child psychology. More than 98% of the parents have volunteered to work in the classroom and in addition, the high school and college volunteers work in the classroom.

E. The per pupil cost of the program averages approximately $175.00. Start-up costs, one-time expenditures averaged $31.00 per learner. About 700 children are enrolled.

VIII. Both product and process measures are utilized to evaluate the effectiveness of the program. Specific product and process goals are stated for children, parents, and staff. There is an outside evaluator, Dr. Alice Klein of the University of Georgia.

A. Product: For children The Screening Test for Academic Readiness is given at entry into kindergarten and the Stanford Achievement Test is given for follow-up in the primary years. The Slosson Intelligence Test and the Beery Visual Motor Integration Test were used as pre and post tests. In addition, there were three measures of language age (Sievers Differential Language Test, the Northwestern Syntax Scale, and a portion of the Illinois Test of Psycho-linguistic Abilities).

For the parents: The teachers rated the parents on 11 five-point scales pertaining to parent attitudes. Parents, in turn, also rated their children on a number of personal, social items.

B. Process: Various process measures were collected over the years including participation of teachers in inservice training, number of parents attending various sessions, number of home visits made, etc.

C. A mixture of instruments and forms have been utilized including those mentioned above. A complete list of these and the results is available in a document called "Impact", a summary of three years of research findings by Alice Klein of the University of Georgia. The overall evaluation of the program indicates that it has had a significant impact in the personal-social, language and concept development, and motor skills of the children in each of the three years of the program was assessed. In addition, the parents perceived the program as having a considerable impact on the personal-social domain and teachers perceived parents as having more positive attitudes toward the school, the teacher and the child. Parents' ratings of the teachers indicated that the parent saw the teacher as very interested in the children, well prepared, as liking the parents and as motivating the parents to do more with their children.

IX. A. 1971. The program is still going on. Since it is a Title III demonstration diffusion project visiting is available and in addition, some workshops are held during the year.

B. The instructional period for parents and children is 7 months.

C. The program contact person is Mrs. Marion Wilson, project director, Ferguson-Florrisant School District, 665 January Avenue, Ferguson, Missouri, 63135; phone number: (314) 521-2000. The program can assist others through the provision of materials (see attached list under X) in visitation and putting on workshops in local school districts.

X. Materials Available.

A. Program Description, Planning and Process.

Item No.	Cost Postage*	Publication:
1	$ .50 .25*	*SATURDAY SCHOOL: A SUCCESS STORY* (Booklet) A detailed description of each phase of the program, liberally illustrated with pictures.
2	2.50 .50*	*SATURDAY SCHOOL'S IMPACT on the Child, Parent and Staff* A three-year evaluation: shows student gains during the Saturday School year as well as follow-up test results in the primary grades.
3	.75 .25*	*EXPANDING EARLY EDUCATION: The Extended Day Kindergarten* Why extend the kindergarten day? How it works in this district —with such added features as home visits, parent volunteers, increased individualized instruction.
4	5.00 .50*	*SHAPING A CURRICULUM FOR EARLY EDUCATION* A CURRICULUM PLANNING GUIDE that includes goal lists of specific skills with corresponding classroom activities for developing language, fine and gross motor skills; math and science concepts.
5	.75 .25*	*PUTTING TOGETHER A STAFF DEVELOPMENT PROGRAM For Pre-School Teachers* A description of the process used in STAFF TRAINING AND DEVELOPMENT.
6	.75 .25*	*PARENTS AS PARTNERS in Early Education* HOW TEACHERS AND PARENTS WORK TOGETHER in the program, both at school and at home, with particular emphasis on the parent's role and responsibilities.
7	1.00 .25*	*SCREENING AND DIAGNOSTIC PROCEDURES For The Preschooler* An explanation of the test instruments and processes used in screening preschoolers, as well as the diagnostic procedures used with the children needing further evaluation.
8	1.00 .25*	*PROVIDING FOR THE PRESCHOOL CHILD WITH PROBLEMS* A description of our services to the exceptional child; ways of mainstreaming the child in the total program, as well as the evaluation results.
9	1.00 .25*	*ANALYZING BEHAVIORAL PROBLEMS in the Young Child* How parents and teachers, as well as specialists, help in the analysis. Sample rating scale forms included.

B. Teacher Materials.

10	.50 .25*	*HOME TEACHING LESSON PLANS* Sample outlines of HOME TEACHING VISIT PLANS
11	1.00 .25*	*Set of 4 TEACHER'S GUIDES for Non-Spontaneous Learners* • TEACHING COLOR • ESTABLISHING DOMINANCE • TEACHING SHAPES • DEVELOPING BODY IMAGE
12	.15 .15*	*5 CHECK SHEETS AND RATING SCALES* Used to evaluate children in the program.

Item No.	Cost Postage*	Publication:
C. Parent Materials.		
13	5.00 .50*	*PARENTS' HOME ACTIVITY GUIDES* A complete set of a year's WEEKLY PARENTS' HOME ACTIVITY GUIDES. Over 450 concept and skill development activities presented in a game-like format relating to: language, fine and gross motor, math and science, auditory and visual discrimination, the creative arts, as well as five special holiday issues.
14	.10 .10*	*USING THE ACTIVITY GUIDE* Techniques and guidelines for the home teaching of young children.
15	.35 .15*	*TIPS FOR THE TEACHING-PARENT* An aid to helping parents use appropriate teaching techniques with young children.
16	.75 .25*	*MOTOR SKILL SERIES*, includes 6 leaflets on: • Motor Growth and Development • Ages and Stages of Development • Visual-Motor Coordination • Large Muscle Movement • Fine Motor Control • Movement to Music
17	.75	LISTENING SERIES, includes following 4 leaflets: • Listening Links to Learning • The Three R's . . . Remembering, Recollection and Recall • Tuning In • Getting the Message The above Motor and Listening Skill series, for parents' or teachers' use, are especially *designed for children lagging in these skills*. They each include a discussion of how these skills develop as well as specific "games" to enhance these skills.
D. Filmstrip • Tape.		
$48.50 Purchase Price 8.50 Rental Charge		FILMSTRIP-TAPE: "THE SATURDAY SCHOOL STORY", a 25 minute audio-visual describing the program.

Pre-School In-Home Visiting Project
Madison, Wisconsin

I. The program is for children ages three to five.

II. There are two types of needs assessments: First, previous needs assessment at two Title I schools indicated approximately one-third of the four year old children showed sufficent potential educational disadvantagement to be eligib'e for supplementary services. The children in the present program were screened by performance on a pre-school screening test. They were either younger siblings of Title I children or were referred by parents. Children selected are normal but are about six months behind expectations in at least two of four areas (language, cognitive, psychomotor, socioemotional).

III. A. The objective for parents is to facilitate a cooperative association between parents and the school regarding effective teaching of young children.

B. The objectives for children are to maximize the child's development in areas associated with kindergarten experience. In particular to: develop and maintain positive attitudes towards self, develop and refine appropriate socialization skills, develop, encourage and expand independent thinking, to develop basic skill in expressive and receptive language and to facilitate maturational development of growth and fine motor performance.

C. The objective for the school system is to facilitate the screening and programing for pre-school children who move into an attendance area during the school year.

IV. A. The children are between three and five years of age.

B. Since this is a Title I project, families meet the Office of Education guidelines for income eligibility.

C. Madison, Wisconsin is a medium sized, mid-western city.

D. Over 90% of the children are Caucasian, there are a few Black children and a few Spanish speaking children in the project.

V. A. There is a checklist of cognitive skills including basic reading and math concepts, sequencing, classifying, following directions, communicating by relating an experience, and number concepts up to counting to ten.

B. In the affective domain, adequate self-esteem is a goal, as are: inter-personal skills in working with a group, independence by leaving the mother, and ability to work on one's own as well as in group activities.

C. In the psychomotor domain, the child will be expected to demonstrate skills in drawing and in the reproduction of circle, vertical and horizontal line, and be able to hop and skip.

VI. The in-home program consists of home visitation by para-professionals combined with at least three parent group meetings for each six month period of involvement. During the home visits, the home visitor works with the parents in setting objectives for the child and planning activities for the parent which expand the child's background experience and provide motivation. The visits are on a once a week basis.

B. Two teachers serve as supervisors to four home visitors. There are 8 home visitors. The qualifications for teachers are ability to work with other adults and expertise in early childhood development, language development and behavior training. The qualifications for the home visitors are that preferably they be parents themselves, and are mature and able to relate comfortably with parents.

Since there are 8 home visitors and a 110 active families, the ratio of home visitor to family is 1 to 16. The ratio of professionals is 1 to 64. In addition there is a full time resource person who is a social worker.

C. Staff training consists of a one week in-service workshop in September, 1974 with major content on human dynamics, child development and behavior management. In-service training is conducted on a one-half day each week. In addition the teachers who serve as supervisors of home teachers make home visits with the home visitor as a form of in-service training.

D. The agency responsible is the public school system.

E. No other agencies are involved in the program except as agencies are normally involved in Title I activities.

VII. A. Funding sources is Title I with some supplemental funding from the state of Wisconsin.

B. Policy determination is made by the school board.

C. The administrative decision maker is Mrs. Florence Zmudzinski who is the project coordinator.

D. The staff is organized so that the teachers work under the project coordinator and the home visitors work under the teachers. The ratio is one coordinator to two teacher supervisors to eight home visitors.

VIII. This project is in its first year therefore there are no evaluation results; however, there is a careful evaluation design:

A. Product measures for the children will consist of performance on the Boehm Test of Basic Concepts, the Woolner Pre-School Test of Self-Concept, the Beery VMI and Observation of Child Behavior.

B. There are process measures for the children, for the parents and for the project itself. There is a project log with information on each child in addition to initial base line data. There is a project log tabulation of the actual number of parents involved in the program, their attendance at plan group meetings and their participation in the home visit phase.

C. Instruments as indicated above the Boehm, Woolner, and Beery measurements. The observation schedule comes from a list of objectives for children developed by Madison, Wisconsin Title I.

IX. A. September 1974. The program is ongoing.

B. Children are in the project either until the skills are mastered or until entry into kindergarten. Maximum time would be two school years.

C. Program contact person is Mrs. Florence Zmudzinski, Project Coordinator, Lowell School Title I Center, 401 Maple Avenue, Madison, Wisconsin, 53704. Telephone number: (608) 244-6313.

X. No materials have yet been developed for dissemination.

This program, although it is relatively new, has been included in the Document because it is a promising approach for identifying children and providing parent oriented early childhood experiences for them.

Marshalltown Parent-Child Home Stimulation Project
Sponsored by: Marshall-Poweshiak Joint County System

I. The project is designed primarily for preschool age children, but infants are accepted based on professional referrals.

II. Program was developed from the literature on the importance of working with handicapped preschool children and their parents.

III. A. The goals related to parents were as follows:

1. to become trained in developing a responsive environment.
2. to provide stimulation for the child.

B. Goals for children were stated as follows:

1. to develop a positive self concept.
2. to develop intellectual abilities.

IV. A. The target population included preschool children who have handicapping conditions or who are educationally disadvantaged. Handicapping conditions were defined as mental retardation; deafness and hearing impairment; language impairment; visual impairment; physical disability; learning disabilities; and in some cases emotional disturbance.

B. No specific information was provided on economic conditions of the target population.

C. The project served a primarily rural population.

D. No specific information was provided on ethnic background of the target population.

V. A., B., & C. Specific skills were not reported; however, basic skills were emphasized in the areas of motor development, communication, and social development. The skills to be developed were drawn from a developmental profile for normally developing children.

VI. A. The program consisted of three major components: 1) parent classes, 2) home visits, 3) preschool experiences.

The parent classes were held weekly for a period of ten weeks. Parent classes

included discussions of child development, discipline, providing a responsive program, behavior modification, and creativity. Parents were encouraged to use a toy lending library and to consider toys as educational devices.

During the first year of participation each family received a 1½ hour home visit once a week was centered on the developmental progress of the child. The home visitor reviewed the child's progress with the parent, taught new tasks to the parent, and provided training to the parent on behavior observation and recording. During the second year of participation each family was visited once every two weeks.

A preschool experience was provided for children while their parents attended classes or parent meetings in the center. The major purpose of the preschool was to provide socialization experiences for the child.

B. Specific information on the home visitor to home ratio was not available.

The project is under the direction of the Special Education Department of a joint county school system. Consequently, the staff of the school district including special personnel (e.g., speech clinicians, school psychologists) are available to the project.

C. Staff training was directed primarily at adequately preparing paraprofessionals to become effective home visitors. The training was divided into three stages: 1) pre-service training in two phases; 2) on the job training; 3) in-service training and evaluation. The pre-service training was designed to familiarize personnel with program goals, philosophy, policies, and techniques. Some subjects included in pre-service training were learning strategies, curriculum development, child assessment, referral agencies, reinforcement techniques, recording procedures, and case load evaluation. The pre-service training was designed as a two week intensive experience.

On the job training was provided in a supervised setting (Pleasant Hill Developmental Center). At the center the trainee selected and observed children in daily classroom activities. A target child was selected and techniques acquired in the pre-service training were practiced and refined.

In-service training included periodic examinations, assigned readings, weekly evaluations, and required readings.

D. The project was developed as a program with a joint county school district. Public social and educational services were available from the existing agencies.

E. An Advisory Council consisting of representatives of community agencies was established and met on a monthly basis. The functions of the Advisory Council was to develop a comprehensive network of cooperation and coordination of activities for preschool children; to help disseminate information about the project; to provide staff of the project with current information about the resources available within the community and to aid in referral and recruitment procedures.

VII. A. The project was funded by the Bureau for the Educationally Handicapped and Title III.

B. & C. Project staff and the joint county school district determine policy and administrative decisions.

VIII. A. Specific product evaluation information was not available.

B. Process evaluation was conducted at each home visit and required the home visitor to complete a progress report on the child. Planning for subsequent visits was conducted with the parent in view of the child's progress. Home visitors also conducted self-evaluations on a weekly basis.

C. Home visitors completed a prescription time record for each child which provided a recommended schedule for the parent to utilize in working with the child.

Home visitors were required to complete a case load statistics form which accounted for the number of home visits, number of calls made to homes which did not result in a visit (nobody home), number of assessments conducted, number of prescriptions completed, as well as a number of other items related to home visitor case load.

The major assessment instrument for the child was the Behavioral Developmental Profile developed by the project. The child was compared to developmental achievements on the profile. Prescriptions were made based on the deficiencies of that particular child.

IX. A. The project was initiated in 1970 and is presently in progress.

B. Contact with each parent and child is maintained until the child reaches school age. The intensive training for the parents is ten weeks in length.

C. Mr. Jack Montgomery, Project Director, Marshalltown Project, Preschool Division, 507 East Anson Street, Marshalltown, Iowa, 50158.

X. Training by project staff is available to outside groups. The following materials are available for purchase:

"The Marshalltown Project", Manual I, Behavioral Development Profile.

"The Marshalltown Project", Behavioral Prescription Guide, Manual IIa, Communication.

"The Marshalltown Project", Behavioral Prescription Guide, Manual IIb, Motor.

"The Marshalltown Project", Behavioral Prescription Guide, Manual IIc, Social.

"The Marshalltown Project", Staff Development Manual III.

"Home Stimulation of Handicapped Children", Parent Guide.

Portage Project: Cooperative Educational Service Agency 12, Portage, Wisconsin

I. The program is designed for families with children in the age range of birth to 6 years.

II. Informal needs assessment indicated that a classroom program would be inefficient because of the rural nature of the area to be served.

III. A. The main parent objectives are to teach parents 1) activities for the child, 2) how to teach the child, 3) what behaviors to reinforce, 4) how to observe and record behavior.

B. Specific objectives are designed for each child on the basis of his performance on a developmental scale used for initial screening. Objectives include each of the following areas: 1) psychomotor development; 2) self-help skills; 3) social development; 4) academic skills; and 5) communication skills.

IV. A. The program is designed for children with multiple handicaps between the ages of birth and six years. Children are identified as handicapped in more than one developmental area.

B., C., & D. The area served is basically rural. No specific information is available on economic or ethnic background of the families served.

V. A., B., & C. Each child is initially screened on a developmental profile. Based on the developmental profile each child is prescribed specific objectives related to his deficiencies. The profile includes behaviors involved in language and cognitive development, self-help, motor development, and socialization. Curriculum activities are stated as behavioral objectives with suggested activities and materials to teach the behaviors on the development profile.

VI. A. The program is completely home-based with home visitors providing guidance and instruction to parents. Following formal and informal assessment of the child, the home visitor, as an initial point, suggests means of encouraging emerging behaviors in the child. In general, the parent is responsible for implementing suggested activities and recording behavior changes during the week between home visits. Each week the home visitor prepares an activity chart with three or four tasks for the parent to teach the child. The home visitor introduces the tasks to the child and records base line data on the activity chart. The home visitor models appropriate teaching behaviors for the parents. The home visitor then observes the parent teaching the child and offers suggestions for improving instruction with the child.

B. Each home visitor is responsible for fifteen homes. Home visitors include both paraprofessional and professional educators. The project staff of professionals includes special educators, speech clinicians, and psychologists. Regardless of professional training, however, all project staff members are expected to be home visitors first.

C. Staff training includes a two week in depth pre-service experience conducted by

experienced home visitors. Approximately half of the training occurs by observing an experienced home visitor in all program components — particularly assessment, the home teaching process and curriculum planning.

One half day per week is established as in-service training time. The entire staff participates in discussing problems encountered during the week of home visiting.

D. The Portage Project operates administratively through a regional educational agency servicing twenty-three school districts. County health officials, physicians, local guidance clinics and school personnel provide referrals for recruitment of new participants.

VII. A. The program was initially funded under Title VI E.S.E.A., part C. The direct service portion of the project is now supported by local school district and state funds.

B. & C. Policy and administrative decisions are the function of the Cooperative Education Service Agency No. 12.

VIII. A. Product evaluation indicated that project children gained an average of 15 months in mental age after participating in the project for eight months. In addition approximately 60% of the participants' parents have been able to fully plan curriculum without assistance from the home visitor which indicates the success of the parental education component.

B. Process evaluation involves primarily the activity chart and parent observations of the child. A behavioral log is kept by the home visitor. All activities, the date prescribed, the date achieved, a percentage of success achieved by the parent, child and home visitor are included in the log. The continual input of data allows supervisory personnel and each home visitor to locate problems quickly, and thus provide a continual feedback system for program monitoring and modification.

C. Product evaluation utilizes the Cattell Infant Test and the Stanford-Binet Intelligence Test. The Alpern-Boll Developmental Profile is used for initial screening.

IX. A. The program began in 1969 and is presently in operation.

B. The instructional period is the academic year.

C. Mr. David Shearer, Project Director, Portage Project, Cooperative Educational Service Agency 12, Box 564, Portage, Wisconsin, 53901.

X. The following materials are available from the project:

"Parent Intervention in the Education of the Preschool Handicapped Child", Richard D. Boyd.

"A Comparison of Paraprofessional and Professional Success with Preschool Children", Hal E. Shortinghuis and Alma Frohman.

"The Portage Project: A Model for Early Childhood Education", Marsha S. Shearer and David E. Shearer.

"A Home Based Parent Training Model", Marsha S. Shearer.

"The Portage Project", David E. Shearer and Marsha S. Shearer.

Parent Readiness Education Project (PREP)
Redford Union Schools, Michigan

I. The children involved in the program are 4 year olds.

II. Need for this program was determined when school psychologists in the Redford Union School District became concerned about the number of children beginning school unable to cope with the educational environment. Many children lacked visual motor development, listening and language skills, and environmental experiences necessary for successful academic progress. Summer remedial programs were attempted and failed.

III. PREP has three main goals:

A. To teach parents how to develop in their children skills which are necessary for academic achievement and to teach child development and management techniques.

B. To identify preschool children with potential learning problems and to develop a plan of remediation.

C. To train high school students for more effective parenthood.

IV. The families participating in the PREP program are lower middle class Caucasians living in or around Redford Township, Detroit, Michigan.

V. The specific skills which PREP tries to develop are visual and auditory discrimination, perception, memory, large and small motor skills, expressive language, increased attention span, conceptual skills and self-confidence.

VI. A. All preschool children in the school district are given a battery of tests one year before entering kindergarten. The children involved in the program score below the twenty-fifth percentile. The children selected for the program are divided into four groups of 12 children per group. Each child and his mother (or father) attend class 1 morning a week for 2 hours. The children are provided an intensive program emphasizing language, visual and auditory skill development coordination abilities and improve self-awareness and self-concept.

During the first hour parents observe activities through a one-way mirror with explanations provided by one teacher. She meets with them during the second hour to discuss the activities, prepare materials for home use and give instructions for carrying out 6 daily home activities which are limited to 10 minutes a day. Parents are encouraged to be innovative and expand these activities. Evening group sessions with a social worker are available for discussing family problems, attitudes and behavior management techniques.

B. Staff/family ratio is one 3/5 time teacher for 24 children. The minimum staff required for a group of 48 children is a program director, two 3/5 time experienced teachers, a teacher's aide and a secretary. Social workers, evaluators and other supportive personnel are available on a consultant basis. In addition PREP also trains high school students to be better parents by having them work with the children during the weekly classes under the teachers' supervisor.

C. Teachers in the PREP program should have a wide range of teaching experiences including learning disabilities, a warm empathic personality, creativity, and the ability to relate to parents, high schoolers and preschoolers.

D. Parents, school psychologists, administrators and social workers were all involved in the planning stages of this program.

VII. A. PREP is an ESEA Title III project. LEA pays operating expenses. USOE pays for D/D activities. The program cost/child was $339 on a basic budget. Second year continuation cost/child was $297.80 on a basic budget and $484.95 on an enriched budget. Detailed information is available from the project director.

B. & C. Both school personnel and parents were involved in the planning stage. The project director is the administrative decision maker.

VIII. Program effectiveness was evaluated by examining pre-and post-test scores of the Caldwell Cooperative Preschool Inventory for experimental and control groups. The experimental groups showed significantly higher scores. Other tests were also given to test various skill areas and showed significant gains for the experimental group. Longitudinal follow-

up is encouraging. The program was awarded the Educational Pacesetter Award in 1973 by the United States Office of Education.

IX. A. Initiation date—October, 1971. Project is still ongoing.

B. The program runs for 27 weeks. Visitors are welcome at times mutually agreeable to the project staff. Training is available.

C. For further information contact: Diane K. Bert, Project Director, Parent Readiness Education Project, Redford Union School District, 18490 Beech Daly Road, Redford Township, Detroit, Michigan, 48240.

X. Instructional Materials.

A. Commercially prepared learner-use materials.

1. DLM visual and auditory perceptual materials (for child).
2. Peabody Language Kit (for child).
3. Childcraft (for child).
4. Creative Playthings (for child).
5. Listening Station: Recorded songs, stories, etc. (for child).
6. Large muscle equipment: Nerf ball, tunnel, etc. (for child).
7. Art supplies (for child).
8. *Teach Your Child To Talk* slide, tape, film program (for parents).
9. *Lets Play and Learn booklet* (for parents).

B. Training Materials

1. *Screening and Selection Procedures.*
2. *The Prekindergarten Curriculum/ Classroom.*
3. *Administrative Aspects of the PREP Model.*
4. *Working With Parents.*
5. *Highschool Curriculum.*
6. Video tapes: *Training of Screening Examiners and An Actual Screening Session.*

The program was adopted in Southfield, Michigan in 1972. Contact person: Joseph Neff, Southfield Child Development Center, McKinley School, Southfield, Michigan, 48075.

Spanish Dame — Bilingual Bicultural Education Project
Santa Clara County Office of Education
San Jose, California

I. The Spanish Dame Project was designed for 3 to 5 year old Spanish-speaking children. The curriculum materials were also used in bilingual kindergarten, first, second and third grades.

II. Needs assessment involved an analysis of past school attendance records in order to determine the location of the highest percentage of Spanish-speaking people in the Santa Clara County. For the pilot study, the planners were also concerned about locating the project within a stable population unit where there was an initial concern for bilingual education.

III. A. The goal for mothers was to improve their teaching techniques with their children.

B. The goals for children were as follows:

1. To improve their concept formation and language development environment.
2. To improve Spanish language skills and provide a basic level of fluency in English.

IV. The program was primarily designed to reach preschool monolingual children in Spanish-speaking homes in the Santa Clara County. The 1973-74 Final Report notes that many of these homes were in rural areas, but no specification is given concerning percentages of urban and rural children included in the project. The curriculum materials were used in bilingual kindergarten, first, second, and third grade classrooms also funded by Title VII. These classrooms included Caucasian, Black, and Mexican American children. No specification is given concerning the economic status of participants in either the home or classroom programs.

V. A. General objective areas within the cognitive domain included language development, concept formation, and perceptual development.

B. Within the affective domain children were expected to develop: a) self-awareness, b) a positive self-concept, c) knowledge of health and safety, d) community awareness, and e) cultural awareness.

C. No specific objectives were stated concerning psychomotor development even though general psychomotor development was a goal area.

VI. A. The major focus of the project was to develop a home tutor program for preschool children. The home tutor conducted preschool classes with the same five children every day of the week. These preschool classes were held in the home of each child in the group on a rotational basis. The home tutor would pick up four of the children and go to the home of the fifth child and conduct a 2½ hour preschool class with the aid of the mother in that home. In addition, the home tutor would visit with one mother each day to explain learning tasks and materials being used in the preschool program. Home tutors were responsible for daily self-evaluation and planning.

A second aspect of the program was the development of bilingual curriculum materials for the preschool program and elementary bilingual classrooms. These materials were developed by the professional staff on the project. The curriculum approch is basically a language maintenance program in which language skills in Spanish are maintained and encouraged to develop while English is taught as a second language.

B. The program was designed with one home tutor assigned to 5 children. Since the program was basically home-based, a majority of the staff were home tutors (the last year of operation included 8 home tutors for 40 children). Home tutors were project-trained paraprofessionals who were selected for their sensitivity to the needs of children, alertness, creativity, and willingness to learn. The home tutors were all females and residents of the community they served.

The project also included the following professional staff: a project manager, a community liaison worker, and a research assistant who was primarily responsible for materials development.

C. The home tutors received two weeks of full day training prior to the beginning of the project. During the first year home tutors also received 8 hours a week in-service training. During subsequent years in-service training was conducted in a planning and evaluation session with the preschool coordinator. The training program included methodology and techniques of teaching bilingual children in early childhood, cultural awareness, early childhood education, English as a second language, parent involvement, communicative skills, use of equipment, methods and techniques of teaching science, social environment, art, music, math, and cognitive skills.

D. As an agent of the Santa Clara County Board of Education, the project leased space in a community school as the project training and implementation center.

E. The project organized a Parent Advisory Committee consisting of parents who were in the project. This committee provided input from all segments of the involved population relative to operational problems and provided feedback in planning the expansion of the program. The project also included an Administrative Advisory Committee including three target area school principals, administrative staff of the project, and assistant superintendent from the County Board of Education Office, as well as the superintendent and assistant superintendent of the Alum Rock School District (target area). This committee served to keep the district personnel abreast of the programs progress and problems relative to the school environment.

VII. A. The program was funded under Title VII from the U. S. Office of Education and state-local education funds. The projected cost per child for one year instruction is $1000.

B. Policy determination was a function of the project director within the restrictions of Title VII Guidelines and state-local educational policy.

VIII. A. The product evaluation at the end of 1973 indicated the following major conclusions:

1. Students' learning behaviors displayed in the classroom such as attention, active participation in classroom activities, and independent work, were good indicators of students' self-confidence and students' achievement motivation;
2. Kindergarten students who have been in the project the previous year (preschool) achieved better performance than students who were new to the project in their ability to name colors, shapes, and familiar pictures;

3. Kindergarten students who had been in the project the previous year (preschool) achieved better in Spanish, while students new to the project achieved better in English in their ability to name colors;
4. Kindergarten students who were in the project the previous year (preschool) have shown similar performance in English and in Spanish, while students new to the project have shown better achievement in English in their ability to name familiar pictures;
5. Kindergarten students and first grade students achieved significant gains in their school readiness, math and reading during the academic year, 1972-73; and
6. Participant students at kindergarten and first grade levels have shown a similar achievement to that of the students in the comparison group in their school readiness, math, and reading.

B. Process evaluation was conducted through in-service training sessions and feedback from the parent advisory committee.

C. A major portion of the instruments used in product evaluation were developed by project staff or consultants. The project instruments were as follows:
1. Spanish and English Vocabulary and Concept Comprehension Test
2. Student's Progress Monitoring Record
3. Assessment Program of Early Learning Levels Test
4. Bilingual Classroom Observation Record

Other instruments used in evaluation were the Caldwell Cooperative Preschool Inventory and the Metropolitan Readiness Test.

IX. A. The pilot project began in 1969 and terminated in 1974. At this time the project model and curriculum materials are being implemented in 11 counties in Texas as well as a number of Head Start and children's centers in California.

B. Instructional period was based on the academic year.

C. The program contact person is: Ms. Toni Micotti, Spanish-Bilingual Project, 100 Skyport Drive, San Jose, California, 95110. Phone number: (408) 299-4013.

X. A training pack is being disseminated by the Dissemination Center for Bilingual Education in Austin, Texas. The project developed the following materials: 1. a format for scope and sequence of a two year Spanish and English curriculum, 2. a teacher's manual for the use of these materials in the training of home tutors and other paraprofessionals, 3. a slide presentation of the home teaching component, and 4. audio cassettes of songs and rhymes.

Tennessee State Department of Education
Home-Based Compensatory Education Program

I. Children are age three and four.

II. Needs assessment in terms of the state indicates there are at present no state supported education programs to serve the approximately 132,000 three and four year old children. Quality programs are either non-existent or serve only limited numbers of children. Needs assessment in terms of children's needs rest on a general review of child development literature. Further, Title 1 teachers report widespread conditions among their students of low self esteem and low levels of competence and lack of parental involvement in children's education.

III. A. Objective is the involvement of parents in working with their children at home so that parents will possess knowledge and skills to be effective teachers of their children.

B. For children the goals are for cognitive, personal, social and psychomotor competence.

C. For the school systems, the objective is to provide services needed by educationally-deprived children which will be better coordinated and more accessible and more frequently used by the families who participate. These services include medical, dental, nutritional, transportation, social services and services for exceptional children.

IV. A. The children are three and four year olds.

B. This is a Title I program so that all children are eligible because of low income.

C. There are 12 school systems involved in the state program. Seven of them are predominatly farming communities, two predominantly small towns, up to 5,000, two predominantly towns between 5,000 and 20,000 and four cities over 20,000 (Bristol, Kingsport, Warren, Memphis).

D. The total population of children as of January 30, 1975 is 959 children of whom 60% are age three, 40% are age four, 38% are Black, 62% are White.

V. A. 1. The ability to use and understand the English language.

2. The ability to think and adapt accordingly.

B. 1. The ability to care for personal needs such as dressing, eating, and drinking without help.

2. The ability to converse, play with others and communicate by gesture.

C. 1. To demonstrate gross motor skills which are necessary for both deliberate balance and movement such as running, walking and jumping.

2. To demonstrate fine motor skills which are necessary for proper control and use of such small objects as crayons, beads, buttons, zippers and silverware.

The above desired outcomes are to be achieved by at least 80% of the participating children. These learning outcomes are derived from the Learning Accomplishment Profile (Sanford, University of North Carolina, Chapel Hill listed in the materials at the end of this report).

VI. A. The general strategy chosen is patterned closely after the Clinch-Powell Educational Cooperative (see separate report on Clinch-Powell). It consists of once a week home visits by a trained paraprofessional, a half day a week for each child in a classroom program, and the use of the Captain Kangaroo television program which parent and child are encouraged to watch, and for which the parent receives a weekly guide.

B. Staffing is heavily by paraprofessional home visitors. There are 65 home visitors with a ratio of approximately one home visitor per 15 families. There is one professional teacher-leader for each program. The ratio of professional to paraprofessional varies from as low as 1 to 2 to as high as 1 to 4. In addition, the State Department of Education established a staff which provides backup services as well as training through the Division of Compensatory Education.

C. Both preservice and mid-year training sessions are provided. The preservice session is a two week program from September 15 to September 30, 1974 based upon careful reviews and job descriptions developed by the State Division of Research and Development. The training consists of a comprehensive program of training activities for teachers and home visitors designed to develop in the staff knowledge and skills needed to work effectively with preschool children in a home-based educational program. The director of this state program has had considerable experience in parent-oriented home-based programs in Chattanooga, varying from the Parent Child Center through Head Start to Follow Through as well as with the Appalachian Educational Laboratory.

D. Local education agencies are responsible for delivery of services with support from the State Department of Education.

E. Comprehensive services are part of this program but it is not clear which agencies provide this.

VII. A. Funding source, Title I.

B. Policy determination is by local education agency and State Department of Education.

C. Administrative decision maker for the State Department of Education is Ms. Freida Gregory, Director, Home-Based Compensatory Program for Three and Four Year Olds.

D. There is at least one teacher-leader (Memphis has four) and from two to sixteen home visitors (Memphis) in each local education agency. The State Department of Education staff assists the LEA staff in selecting individual objectives for children. It selects activities from the Clinch-Powell materials and plans and conducts the evaluation. Memphis City and Hamilton County, because of their size, work more independently of the State Department of Education.

VIII. A. Product measurements for the children are described above in relation to the goals on the Learning Accomplishment Profile.

B. Formative evaluation involves 12 systems, Memphis and Hamilton conduct independent evaluations, Tipton, Bristol and John-

son will be evaluated by inference. No specific forms on process evaluation were available for review.

IX. Program initiation began in September, 1974.
B. Instructional period: Two school years.
C. Program contact person: Mrs. Freida Gregory, Director, State Department of Education, 246 Cordell Hall Building, Nashville, Tennessee, 37219.

X. Materials not available; program too new.

Waterloo, Iowa Home Start

I. Home Start is for children beginning at age 2 and ending at age 5, or upon entry to kindergarten.

II. In 1966, Dr. Ralph Scott conducted seriation testing of kindergarten children in four Waterloo, Iowa schools and found vast differences among children. These findings, combined with research on deprivation, contributed to the origin of the Home Start Program.

III. A. The objectives are to enable parents to become more effective teachers of their preschool children; and especially to increase the verbal skills of mothers of vulnerable children.
B. For children the objectives are to make easier the intellectual growth of young, vulnerable children; to determine what type of materials, activities and situations provide the most effective means for promoting growth and readiness for school participation; and to facilitate children's preschool development, so that children are better prepared for successful classroom learning.
C. Other goals include: to facilitate the integration of preschool into curriculum expectations and strategies employed by elementary school teachers; to increase communication and collaboration between the schools and other supportive community agencies; to increase community understanding of, and support for, preventive education; to conduct research designed to raise our understanding of the learning processes and of the procedures needed to bring about improved forms of early environmental intervention.

IV. A. & B. There were two Home Start Programs. In 1968 Home Start I began with 89 children; half were two-years-olds who remained in the vertical program for three years and half were four-year-olds who participated in group prekindergarten for one year. Home Start II served 170 children; Group A comes from socio-economically depressed neighborhoods and Group B from areas which are not considered as socio-economically disadvantaged as those in Area A.
C. All neighborhoods were in Waterloo, Iowa.
D. Home Start I served 51 Black and 38 White children initially; 47 Black and 24 White youngsters remained in the program until five years of age. Home Start II children were 60% Black and 40% White.
E. One-third of the children were diagnosed as either physically or mentally handicapped and their parents were referred to community agencies.

V. Specific skills to be developed by children included visual and auditory acuity, tactile activity, attention span, verbal and motor expression. The curriculum was based on the philosophies of Piaget and Maslow. Nutrition and health needs were also diagnosed by nurses on the staff.

VI. A. Home Start I had two treatment groups. A horizontal group aged four years attended prekindergarten classes only. A vertical group began at age two with volunteers (and later paid paraprofessionals from the target area) visiting the homes of the children for an hour a week. During these visits the home workers discussed with the mother family interaction and often brought toys or books which could be borrowed for a week. The second year home visits continued, but were supplemented by neighborhood play groups and field trips for the children. The third year, when the children were four years old, home visits continued, but the children were also enrolled in an academic year of preschool enrichment, 2½ hours a day for five days a week. Simultaneous to this a home economist conducted monthlessons for parents in sewing, cooking and crafts, Mothers' Get-Togethers, and parent night meetings. The home workers met weekly with professional staff mem-

bers for ongoing training and curriculum guidance.

Home Start II had two groups, all for three years, divided solely on the basis of location. Group A received regular home visits and full-support service that children in the Vertical Group of Home Start I did. Group B children received the services of educational consultants who were "on-call" for any parents who wished advice or help with respect to questions which have arisen concerning the preschool learning or development of their children. Both groups attended prekindergarten classes at age four. Group A for three mornings a week and Group B for two mornings a week.

B. The home worker: child ratio is 1:15; the prekindergarten class ratio is 1:20. Personnel include a coordinator (with masters degree), home economist, social worker, speech and language consultant, teachers certified in child development and early childhood education, aides (volunteers and paid paraprofessionals from the target neighborhood), testers, secretary, and part-time educational consultant.

C. Home workers have on the job training and biweekly in-service training sessions.

D. The Waterloo, Iowa Community School District is the agency responsible for the program. There are many other community service agencies involved in the program through referrals.

VII. Funding is through HEW, Title III of ESEA.

B. Policy is determined by the Waterloo School District.

C. The administrative decision maker is: Helen Thompson, Director.

D. Cost per child in 1972-73 was $759; however, Group A received full supportive services and Group B had only "on-call" services from consultants.

VIII. Home Start I was assessed by comparing the progress of children in the program with their older siblings at the age of five and during first grade. The Primary Mental Abilities (PMA) was given at the age of five and during first grade. Home Start children outscored their siblings in all areas except language, which regressed during the second year after they had "graduated" from the program. Testing was done by teachers. Children who had participated in the three year program scored higher than those just in the program for the one year.

Home Start II children were compared with children from comparable backgrounds. Process measures included the Iowa Tests of Preschool Development, given every six months.

IX. Home Start I operated from 1968-1971. Home Start II operated from 1971-1974.

B. Home Start welcomes further inquiries about the program. It has been adopted in whole or in part by nine other school districts in Iowa. By June 1975 information on dissemination projects will be available. In 1972 the program received a National Award of Merit from the President's National Advisory Council on Supplementary Centers and Services and was designated by USOE as one of two national preschool models.

C. Program contact person is Mrs. Helen Jean Thompson, Director, Home Start II, Waterloo Community Schools, 1516 Washington Street, Waterloo, Iowa 50702; phone is (319) 233-8491.

X. Materials include:

A. Research articles:

Scott, R. S. "Home Start: Family Centered Preschool Enrichment for Black and White Children," *Psychology in the Schools*, VII, 3 (1973).

Scott, R. S. "Research and Early Childhood: The Home Start Project," *Child Welfare*, LIII, 2 (February 1974): 112-119.

Scott, R. S. *Strengthening Home Start for the Early Years*. In press.

Scott, R. S. and D. A. Kobes. "The Influence of Family Size on Learning Readiness Patterns of Socioeconomically Disadvantaged Preschool Blacks." *Journal of Clinical Psychology*, January 1975, *31:* 85-88.

Scott, R. S. and K. Seifert. "Family Size and Learning Readiness Profiles of Socioeconomically Disadvantaged Preschool Whites," *The Journal of Psychology*, 1975, *89:* 3-7.

Scott, R. S. and J. E. Smith. "Ethnic and Demographic Variables and Achievement Scores of Preschool Children." *Psychology in the Schools. 9* (April 1972): 174-182.

B. Program materials:

Waterloo Community School District. "Home Start I Preschool Project," 1971.

Program for Early Education of Children with Handicaps (PEECH)
Region IX Education Service Center — Texas

I. The program is designed to include handicapped children ages 6 months to 6 years.

II. Formal needs assessment is not reported.

III. A. & B. The major objective is to train parents to conduct learning activities with their child on a daily basis. The project was designed to provide an exemplary preschool program for handicapped children totally through the home intervention program with the training and use of parents as paraprofessional educators.

IV. A. The target population is any family with a handicapped child between the ages of 6 months and 6 years. Handicapped is defined as including mentally retarded, visually impaired, emotionally disturbed, hearing impaired, physically handicapped, speech or language deficit, or any combination of handicapping conditions. In order to qualify, each child is evaluated with a battery of tests which measure self-help skills, socialization skills, motor skills, and growth in cognition and communication.

B. No specifics reported on economic status.

C. The target area includes primarily a rural area. The project is designated to serve areas of less than 50,000 population.

D. Specifications on ethnic membership are not reported.

V. A., B., & C. Each child is evaluated upon entering the project. Based on the evaluation, a developmental profile is developed for each child. The developmental profile is used to focus parental instruction on deficit areas. Included in the entering evaluation are measures of self-help skills, socialization skills, motor skills, and growth in cognition and communication. (Specific instruments are given below under evaluation.)

VI. A. The basic approach for instruction of children is to provide training for parents who would work with children on a daily basis. The home visitor makes one visit per week for 1½ hours to review the child's progress, prescribe additional activities for the child, and train the parent to implement the daily activities. No parent group meetings are held.

The curriculum for children is derived from the following:

1. Portage Project Curriculum, Portage, Wisconsin.
2. Marshalltown—Poweshiek Joint County School Project Curriculum, Marshalltown, Iowa.
3. Bangs, Tina. *Language and Learning Disorder of the Pre-Academic Child*, Appleton-Century-Crofts.
4. Bricker, D.; Dennison, L.; Watson, L.; Vincent-Smith, L. *Language Training Program for Young Developmentally Delayed Children*. Institute on Mental Retardation and Intellectual Development, George Peabody College for Teachers, Nashville, Tennessee.
5. *BKR Basic Preschool Program*, BKR Experimental Project, Sunland Training Center, Opa Locka, Florida.
6. John Tracey Clinic Correspondence Course for Parents of Preschool Deaf Children, John Tracey Clinic Educational Materials.

Children are taught through the use of behavior modification techniques, precision teaching and modeling.

B. The home visitor to family ratio appears to be 1 to 10. The reported information is unclear on this point, but 4 professional special education home teachers with backgrounds in early childhood education and 2 paraprofessional home teachers were responsible for 60 children. The paraprofessional home teachers are parents from the community.

C. A two week intensive preservice training period is held for professional and paraprofessional home teachers which includes: 1) project overview; 2) principles of child development; 3) language development; 4) use of assessment and evaluation instruments; 5) curriculum planning; 6) the home training process; 7) behavior modification; and 8) precision teaching techniques.

Home teachers (professional and paraprofessional) receive weekly in-service training. The weekly in-service meetings include child assessment, curriculum planning, progress reporting, and evaluation.

D. The program is administered through the Region IX Education Service Center.

VII. A. PEECH is funded through the Bureau for Educationally Handicapped and State funds.

B. & C. Policy and administrative decisions are carried by the project director in accordance with regional and federal guidelines.

VIII. A. Pre-post comparisons for project children indicate significant gains in academic age, communication age, combined IQ, mental age, and IQ. The evaluation also indicates significant changes in parental attitudes with respect to child behavior and expectations.

B. Process evaluation include daily behavior recording by the parents. Home visitors then review weekly progress and prescribe activities based on the child's progress.

C. Instruments used in the evaluation process include the following:

1. Alpern-Boll Development Profile. This measure consists of 5 subtests and a combined IQ. The 5 subtests yield age values, expressed in months, for Physical Age, Self-Help Age, Social Age, Academic Age, and Communication Age.

2. Standard Intelligence Tests. One of three standardized intelligence tests is administered to each child. The tests were: the Cattell Infant Intelligence Scale, the Stanford-Binet Intelligence Scale, and the Hiskey Nebraska Test of Learning Aptitude. The measure of intelligence judged to be most appropriate for the age and status of each child is used.

3. Early Childhood Education Scale. Seven subscales from this instrument are used. These are: Background Scale, Preschool Scale, Communication Scale, Cognitive Scale, Motor Scale, Self-Help Scale, and Social Interaction Scale. Items from this scale are also used to indicate positive growth in parent attitudes toward their children.

IX. A. PEECH was initiated in 1972 and is ongoing at the present time.

B. The program is operated on an academic year basis. Approximately 40 weekly home visits are made to each home. Children remain in the program until they enter public or special education programs.

C. Mrs. Lois A. Cadman, Region IX Education Service Center, 3014 Old Seymour Road, Wichita Falls, Texas 76309, (817) 322-6928 or 322-2852.

Project Home Base
Yakima Public Schools, Washington

I. This program covers children from 8 months to 4 years of age.

II. No formal needs assessment was conducted.

III. A. The objectives for this program are to encourage the parents to teach their children new concepts and skills using various learning tasks created by the project and to improve the quality of the parent/child interaction.

B. The general goal for the child is to assess the child's developmental needs and concentrate on increasing the child's skills and abilities in these areas.

IV. A., B., C., & D. Project Home Base is designed to cover preschool children up through age 5 of all socioeconomic classes. The majority of the children in the project are Caucasian with approximately 10% of the group being Black or Spanish speaking children. They lived in an urban area, Yakima, Washington.

V. The primary areas where skills and abilities are to be developed are cognitive and psychomotor. However, during the home visits the parent-educator offers suggestions on health and nutrition as well.

A. Cognitive skills include attention span drills, visual following, sound localization, visually directed reaching, tactile stimulation, grasping, etc. For the older children in the program, counting exercises, color, size and texture discriminations, following directions and general language skills comprise the curriculum.

C. Psychomotor skills are developmentally rated of course but follow gross to fine motor control and coordination.

VI. A. In Project Home Base a parent-educator makes weekly home visits to assist the mother with her teaching, to offer suggestions and to make evaluations. Periodic group meetings are also held to disseminate information on child growth and development.

B. & C. The home visitors, at a 1:20 case load ratio, comprise the basic source for program implementation. They are paraprofessionals trained by pre- and in-service workshops. Regular meetings with supervisors and experts in related areas aid their training.

D. Local agencies are involved with the program in a referral capacity.

VII. A. The project is funded by a grant from the U. S. Office of Education.

B. Policy is determined by administrators responsible for such decisions. They rely on parent and staff for input. The project has a $160 cost per child at present.

C. The administrative decision maker is the project director.

VIII. A. & B. Effects are measured by the parent-educator in directed interviews and observations. In addition, at year's end, the Preschool Inventory is given to the older children in the research sample. Components of the project and learning tasks for children are available in an annotated bibliography from the project.

IX. A. Initiation date—1971. Project will continue for 4 years.

C. For training information, curriculum materials and evaluation material contact the project director at: Project Home Base, Yakima Public Schools, 104 N. 4th Avenue, Yakima, Washington, 98902.

X. Evaluation materials and annotated bibliography of 200+ learning tasks.

Perry Pre-School Project
Ypsilanti, Michigan

I. The ages of children in the project were three to five.

II. This project was originated to test the hypothesis that three and four year old children from deprived homes can make only limited progress in catching up with their middle class peers unless, simultaneously, their parents become more knowledgeable about the educative process.

III. A. The goal for parents in this project was to make the parents knowledgeable about the educative process so that as part of their everyday lives they will foster their children's cognitive growth.

B. To increase the child's cognitive skills.

IV. A. Age of child: three and four year olds.

B. All the families involved were lower class.

C. All children were from Ypsilanti, Michigan.

D. All children in the project were Black.

V. No specific skills were mentioned. The goal was to effect an individual increase in the child's cognitive skills.

IV. A. The program consisted of a daily three hour class and a weekly 90 minute home visit. Educational activities are planned for the child weekly and mothers are encouraged to observe and participate in as many teaching activities as possible during the home visits.

B. Staff to family ratio was approximately 1:10.

C. The staff were qualified nursery school teachers.

VII. A. The project was partially supported by the Office of Education, HEW, and partially by the school district.

B. Policy determination was by the staff.

C. Administrative decision maker was the project director.

VIII. The project was evaluated through staff generated questionnaires and the Stanford Binet Intelligence Scale. Among the items looked at were type of residence, number of other people present at the lessons, noise levels in the home, quality of mother's participation, etc. Of the home visit variables studied there were two which seemed to be related to low growth in IQ: residence in public housing and participation of other childen in the teaching session. Residence in public housing probably has this effect because it may reflect a lower

level of aspiration of project residents. Having other children participate in the teaching session probably breaks concentration and makes distractions.

IX. A. Initiation date—1962. Termination date—1967.

B. The instructional period for the families was two years.

C. The program contact person is: Dr. Norma Radin, University of Michigan, Ann Arbor, Michigan, 48104.

X. "A Home Teaching Program for Disadvantaged Preschool Children", Norma Radin and David Weikart, *Journal of Special Education*, 1967.

UNIVERSITY, REGIONAL EDUCATION LAB, RESEARCH PROGRAMS

Home-Oriented Pre-School Education (HOPE)
Charleston, West Virginia

I. Home-Oriented Pre-School Education is an early childhood education program for 3 to 5 year old children.

II. HOPE was developed to fill the need for effective early childhood education with a minimal financial expenditure in the Appalachian region. While no formal needs assessment is reported, the geographical and financial constraints of the region prohibited the establishment of a traditional classroom early childhood education program.

III. The goals of the program are as follows:

1. To develop an integrated system of comprehensive child development through a tridimensional approach utilizing telecommunications, differentiated staffing and mobility, and home environmental adjustment.
2. To develop a design for rapidly implementing and diffusing the tridimensional approach for the provision of child development programs and services.

The objectives for parents and children are given as follows:

A. Home Environment

1. In the homes of children in the target group, parent-child relationships will be observably improved at the conclusion of one school year of participation in the program.
2. The quality of child control and discipline in the homes of children in the target group will be observably improved at the conclusion of one school year in the program.
3. Parental efforts to stimulate child learning and to be sensitive to child learning deficiency will be observably improved and increased at the conclusion of one school year in the program.
4. Health practices and attitudes will be observably improved at the conclusion of one school year in the program.

B. Child Attitudes and Child Readiness—An extensive list of objectives, specific at the instructional level, has been developed in the HOPE program, with prescribed learning activities for each skill in the categories of: cognition, language, psychomotor orienting and attending skills, and affective skills.

IV. A., B., C. & D. The HOPE program is designed for the rural Appalachian 3 to 5 year old child and his parents. Materials and activities are developed around the home environment of the low income family.

V. Although HOPE is a comprehensive pre-school program, the major focus is on preparing the rural child for elementary school. Parent guides and materials are provided through home visits, but the instructional materials and time are aimed at the child. The instructional objectives (given above) reflect the emphasis on preparation for the acquisition of academic skills.

VI. A. The HOPE program has three basic components:

1. Half-hour television tapes which are broadcast to the home five days a week, 34 weeks a year;
2. Locally trained home visitors (paraprofessionals) who, weekly, orient parents and children to upcoming programs and provide both with related learning materials;
3. A once-a-week group experience for the pre-schoolers is administered by a specially prepared local pre-school teacher in a mobile classroom at sites near the children's homes.

The initial HOPE program included four treatment groups. A *package group* received a home visit, the daily television program, and once-a-week instruction in a mobile classroom. A second group (TV-HV) received only the daily television program and a weekly home visit. A third group (TV) received only the daily television program; and a fourth group (control) was selected from a similar population in a geographic region outside the range of the television broadcast and received none of the treatments.

The television program focused on academic skills and experiences the child would normally be exposed to in a traditional pre-school setting (e.g. alphabet, colors, shapes, concepts of classification and field trips). The program was broadcast daily. The home visitor viewed the program each day and solicited parent and child comments concerning the program.

The home visitor also recorded the number of programs each child and parent viewed during the week. The home visitor also distributed additional supportive materials related to the television programs and frequently worked with each child on a particular task. Apparently no direct instruction was given the parents, even though the home visitor encouraged the parent to model teaching behaviors demonstrated during the home visit.

The mobile classroom was equipped much like a traditional kindergarten room. The classroom experience was correlated with the television program and was intended to promote social development and language experience. The mobile unit made nine stops a week at points where electrical outlets were available, no more than two miles away from the homes of children who attended. Only 15 children attended the classroom at one time. Class was held in the mobile unit for about two hours, and a snack funded by a Department of Agriculture program was served at the end of the period.

B. The field team consisted of five home visitors (paraprofessionals); one certified mobile classroom teacher and one aid; one instructional monitor; and one field team leader. Home visitors were high school graduates who lived in the area they serviced. Each home visitor made 30 visits per week with each visit lasting 30 to 45 minutes. Apparently one field team was established for every 150 children enrolled.

The curriculum materials team was responsible for developing the television program, "Around the Bend", and related materials to be taken to the homes by the home visitor. A total of 170 program broadcasts were made each program year. The staff consisted of an on-camera teacher, a research teacher, a utilization specialist, a production manager, a part-time production assistant, a media specialist, a photographer, and a team leader. Technical services and space were leased from a local television studio.

C. The home visitors received a total of three weeks training prior to the beginning of the program. Two weeks were spent on program orientation, child development, and an introduction to activities and materials. An additional week was spent on sensitivity training and interview techniques. Weekly in-service meetings were held during the first year of operation. During following years the in-service meetings were held biweekly.

D. All services were delivered by the field teams described above. There was no reported effort to organize parent groups or parent advisory councils.

E. West Virginia University cooperated in compiling a list of competencies for child performance related to completion of the program and entrance into first grade.

VI. A. The HOPE program was funded by the Office of Education for a three year period. At the completion of the project the estimated operational cost per child, based on providing services to 25,000 children, was $250.33.

B. Policy determination was conducted by the Appalachian Educational Laboratory Board of Directors.

C. Administrative decision making was apparently the function of the project director and team leaders.

VIII. A. The summative evaluation of child performance can be synthesized in the following categories:

1. Cognition—Scores on a test of cognitive objectives favored children who received the Home-Oriented Pre-School Education Program. The interaction of the paraprofessional home visitor with parents and children was associated with substantial gains in the number of cognitive objectives achieved.
2. Language—A trend toward increased language development was observed for HOPE children as opposed to children in comparison groups. HOPE children attained significantly higher scores on measures of the ability to describe objects verbally and to communicate by means of verbal expression.
3. Psychomotor—Children who participated in the Home-Oriented Pre-School Education Program scored significantly higher than comparison groups on the following traits: hand-eye coordination, recognition of geometric shapes, discrimination of figure rotation, and analysis and reproduction of simple patterns. The HOPE children

were found to have achieved a significantly higher level of motor coordination and perceptual learning ability than children who did not receive any program. These differences were considered due to the emphasis on artistic and graphic activities throughout the three years of HOPE development.

4. Social Skills—Children who participated in the mobile classroom activities gave indications of having developed more constructive social skills than children who received only the home visitor and television program, and that group in turn was more socially constructive than children who only watched the television program. The pattern of differences in social skills development also was found on a measure of children's curiosity.
5. Interest—A random sample of 210 parents with children in AEL's program rated children's television programs on general appeal. A first place rating was recorded by 47 percent of the parents of AEL's "Around the Bend", 27 percent for "Sesame Street", 22 percent for "Captain Kangaroo", 2 percent for "Mister Roger's", and 1 percent for "Romper Room". "Around the Bend" was not in color.

   Eighty-nine percent of the parents reported that their children watched "Around the Bend" three or more times a week, and 80 percent of the parents said they watched the programs with their children. Parents and children were encouraged by home visitors to watch "Around the Bend". However, parents of children who were not exposed to either the home visitor or the mobile classroom rated AEL's program as high as those with access to those components.

B. The major source of formative evaluation information was gathered by the home visitor. She collected information relating to the interest of parents and children in program activities and materials. She also collected information concerning children's interest in the television program and its context.

C. The instruments used for summative evaluation and the area evaluated are as follows:
   1. Illinois Test of Psycholinguistic Abilities (language)
   2. Peabody Picture Vocabulary Test (cognition)
   3. Home-Oriented Pre-School Test (cognition)
   4. Marianne Frostig Test of Visual Perception (psychomotor)
   5. Interaction Analysis Observations (social skills)
   6. Program-Developed Checklists (interest in television program)

IX. A. The initial HOPE program began in 1968 and ran for three years. The HOPE model is presently being diffused in a number of field sites. As an extension of HOPE, AEL has contracted with NIE to produce additional color television programs in the format of the original HOPE television program.

B. The HOPE program was designed around a 34 week broadcast period.

C. The program contact person is: Dr. Edward E. Gotts, Director, Division of Early Childhood Education, Appalachian Educational Laboratory, Inc., P. O. Box 1348, Charleston, West Virginia, 25325. Phone number: (304) 344-8371.

X. AEL has produced a number of manuals and training materials for the implementation of HOPE-related programs. There is also a considerable list of publications about the Appalachian Educational Laboratory included in the ERIC files.

Dissemination sites in Region IV:

Harrogate, Tennessee (Clinch-Powell Project)
Huntsville, Alabama (TARCOG Project)

The Early Training Project (DARCEE)

I. The Early Training Project was a preschool intervention program for children three to five years old from low income homes.

II. The program was developed out of the literature on progressing academic retardation demonstrated by children from low income homes.

III. A. At the time of preparation, no specific parent objectives were available. Miller (1968) does report a series of parent objectives which was an extension of the Early Training Project.

B. The objectives for children were grouped in two general categories:

1. Attitudes towards achievement—The major focus was on achievement motivation, especially as it relates to the kinds of activities expected in school, with persistence, with ability to delay gratification, and with general interest in the use of typical school materials such as books, crayons, and puzzles.
2. Aptitudes towards achievement—The concern in this area was the development of perceptual, cognitive, and language skills.

IV. A. The children involved in the Early Training Project were all born in 1958 and entered the program at age three.

B. The children were selected on the basis of father's or mother's occupation, education, housing conditions, and income. Parents' incomes at the beginning of the program were well below the poverty level, designated as $3,000 at that time. Parents' occupations were unskilled or semiskilled, with some additional mothers on aid to dependent children; their educational level was eighth grade or below; their housing conditions were considered to be poor.

C. The children were selected from a city of 25,000 in the upper South.

D. All children were Black.

V. A. As stated in the objectives, specific cognitive skills were related to those activities that children are expected to perform in the first grade.

B. As stated in the objectives, affective areas to be developed were primarily related to achievement motivation and attitudes about school learning.

VI. A. The program design included special summer school experiences for children and home visits during the winter in varying combinations for different treatment groups. Treatment group one (T_1) received three summers of a special ten week preschool experience with home visits during the winter months. For T_1 home visits continued through first grade. Treatment group two (T_2) received two summers of the preschool experience and home visits each winter through the first grade. Two control groups, a local group and a distal group, received no treatment.

B. The adult to child ratio was approximately 1 to 5. The preschool summer program was staffed by a trained head teacher and four teaching assistants. The assistants were either college students or trainees in a graduate school psychology program. At the time of preparing this report, no information was available on home visitor qualifications or characteristics.

C. The preschool staff met daily to discuss the objective-oriented activities to be implemented. These sessions apparently included formative evaluation and direct input for in-service work for the staff.

D. All services were delivered as a function of the Demonstration and Research Center for Early Education (DARCEE). The preschool center was located at the Early Training Center.

VII. A. The Early Training Project was funded by the National Institute of Mental Health.

B. & C. All policy and administrative decisions were apparently made by the project director.

VIII. A. The summative evaluation included a follow-up study of the project children until they were in the fourth grade. Results at the end of fourth grade indicated that the experimental groups (T_1 and T_2) scored significantly higher IQ scores than either of the two control groups. Comparisons between experimental groups (T_1 and T_2) showed no significant differences. Analyses of mental age (MA) scores on the Peabody Picture Vocabulary Test (PPVT) indicated significant differences between the experimental groups (T_1 and T_2) and the control groups (T_3 and T_4) until the

fourth grade when differences were not statistically significant.

B. Apparently the major formative evaluation information was obtained through preschool teacher observations and the discussions that took place in the daily work sessions.

C. The evaluation instrument used to obtain IQ scores was the Stanford-Binet. Mental Age was obtained from administration of the Peabody Picture Vocabulary Test.

IX. A. The Early Training Project began in 1961 with a planning phase. Instruction began in the summer of 1962. The final summer preschool was held in the summer of 1964. Home visits continued through the 1964-65 academic year. Final evaluation was completed during the 1967-68 academic year.

B. The instructional period was ten weeks during the summer preschool. Home visits were made weekly during the academic year.

C. The program contact person is: Dr. Susan Gray, DARCEE, George Peabody College for Teachers, Nashville, Tennessee, 37203.

Home Visiting With Mothers and Infants (DARCEE)

I. The children enrolled in the project were between 7 and 9 months at the beginning of home visitation and continued in the project for approximately 9 months.

II. This project was a downward extension of the early model for home visitation developed at DARCEE which involved 3 to 6 year old children. No formal needs assessment reported.

III. A. The goal of the home visiting program was to help the mother become more efficient and effective in her role as teacher and change agent for her infant. Objectives for the mother related to: 1) interaction between the mother and the infant; 2) management of the infant; 3) recognition and facilitation of the infant behavior and development; 4) conduct of activities; and 5) selection and development of play materials.

B. Objectives for each infant during each home visit were individualized. In general, objectives for the infant related to gross-motor, fine-motor, cognitive, language, and personal-social development.

IV. A. Infants were between the ages of 7 and 9 months at the beginning of the project. Parents ranged in age from 17 to 30 years.

B. All of the families included in the program were from low income homes.

C. All of the families were located in a Southern metropolitan area.

D. Black and White families were included in the project.

V. A. Cognitive development—The development of processes involved in knowing and understanding the world, through attending, discriminating, exploring, and learning. The development of the ability to hear, to comprehend, and to produce speech.

B. Affective—The development of positive reactions to self and favorable social relationships.

C. Psychomotor—The development of control over the larger muscles, used in rolling over, sitting up, standing, and walking. The development of skills in the use of hands and fingers, and the coordinated use of eyes and hands.

VI. A. The program was based on home visits which were sequentially planned in six units. A family received a maximum of 24 visits. The six units were as follows: 1) Building a working relationship; 2) Emphasis on mother attitudes and skills; 3) Encouraging mother as teacher; 4) Involving mother as initiater of activities; 5) Improving mother observation skills; 6) Involving siblings. Each unit was evaluated as planning was carried out for the next unit. Specific objectives for mother and infant were developed for each of the six units.

B. One home visitor served all twenty families in the project. No specifics were given on other staff required to implement the project.

C. No specifics on staff training were given.

D. The project was administered by members of the Demonstration and Research Center for Early Education (DARCEE).

VII. A. The project was funded by the Office of Education.

B. & C. Policy and administrative decisions were the responsibility of the project director.

VIII. A. Summative evaluation was informal in that parents responded to the single question: What this program has meant to me? Responses indicate that the program had an impact of practical significance on the participants.

B. Informal assessment was also used for determining process evaluation. Each week the home visitors reviewed child and mother progress, as well as her performance in view of the objectives of the program.

C. Two basic forms were utilized in process and product evaluation. First, the home visitor completed a report form for each visit which included comments on planning, implementation, and evaluation comments. Also included on the home visit form were: 1) objectives for the mother; 2) objectives for the infant; 3) list of activities; 4) place for activities; 5) evaluation of maternal behavior; 6) evaluation of infant behavior; 7) home atmosphere; 8) between visit evaluation; 9) recommendations; and 10) materials used.

Second, the parent responded to the open-ended statement of what the program meant to her.

IX. A. The program was initiated in 1970 and continued until spring of 1971.

B. The instructional period was approximately six months.

C. The program contact person is: Dr. Susan Gray, DARCEE, George Peabody College for Teachers, Nashville, Tennessee.

Carnegie Infant Education Project
Ypsilanti, Michigan

I. This program covers children from 3 months to 3 years.

II. No formal needs assessment was conducted.

III. A. The objectives of this program are to teach parents in effective methods to aid their infants' cognitive and psychomotor development. This is primary with several avenues of concurrent interest such as developing language skills, mother based teaching skills, etc.

B. The general goal of the program is to improve (by early intervention) the capabilities for education of the social dyad of mother and child.

IV. A., B., C., & D. The project serves lower socioeconomic classes dwelling in the medium city size area within the Ypsilanti Public School District. The children are "normal" but scored low on the Perry Preschool Cultural Deprivation Scale. Initially, the experiment contained four separate treatment groups. The families in the program were both Black and Caucasian.

V. A., B., & C. Since the age range of this project involves verbal and nonverbal subjects, the specific skills in cognitive areas are developmentally rated. Attention span, visually directed reaching, etc. for infants, language skills (receptive, expressive) number introduction, etc. for the older children. Psychomotor skills follow the same scale/ability system from gross to fine motor usage, coordination and competencies.

VI. A. This project involves public school teachers as home visitors (weekly). In early experiments, volunteers (college and young women) also served as quasi home visitors. There are group meetings of mothers and home visitors where information is disseminated and additional mother training occurs. Lectures also serve to supplement the program's informational content.

B. A rough staff to family ratio is 1:15. Depending on which report and individual study an investigator reads the exact ratios of teachers (professionals) quasi home visitors (volunteers) to subjects vary slightly. Historically, the project was derived in part from Ypsilanti Perry Preschool (1967) and Ypsilanti Home Teaching Project (1968). Staff are trained by in-service and pre-service workshops.

VII. A. The funding sources are from private foundation (Carnegie) and local sources (Ypsilanti Public Schools).

B. Policy is determined by research hypothesis to be examined within the framework

of the Public School System of Ypsilanti, Michigan.

VIII. A., B., & C. Bayley Infant Scales of Development are given as pre- and post-tests for evaluation of the intervention. Other testing instruments include: Maternal Behavior Inventory (Schaefer); Teacher's Report Form B, Infant Cognitive Home Environment Scale; Infant Information Inventory, Infant and Maternal Medical History; Ypsilanti Picture Sorting Inventory; and adaptations of Kagan (1968) measures.

IX. A. The program as it has evolved since 1968 is still ongoing; training is available; curriculum materials and evaluation materials are available from the contact person.

C. The contact address is: High/Scope Educational Research Foundation, 125 North Hurdon Street, Ypsilanti, Michigan, 48197.

Apart from High/Scope and still functioning separately is the Ypsilanti-Carnegie Infant Education Project with Ms. Phyllis Dukes functioning as Curriculum Consultant and Home Trainer. Their address is: Carnegie Infant Project, Ypsilanti Public Schools, 300 W. Forest, Ypsilanti, Michigan, 48197.

X. Training and informational materials on this program vary from the usual reports to a very informative guide to the program. The Progress Report (1969) includes Dynamics of Working in the Home, Development of the Teacher's Role, Individual Programming, Teaching Style and Control Techniques, Teaching Agenda, and Planning, Reporting and Improving Teacher Skills.

Several articles are available to further describe the program. Training, both on and off site, is possible. Video-tapes for training purposes are fairly complete (a total of 280 minutes) and cover Child Development, Parental Support of Early Learning and Home Visitor Training.

Verbal Interaction Project / Mother-Child Home Program

I. The program is for children from age two to four.

II. The need for the program came from abundant research literature showing that low income children tend to suffer academic and social disadvantage in school. A pilot project in 1965-66 indicated that the Mother-Child Home Program could raise the IQ level of three and four year-olds.

III. A. Goals for parents include the stimulation of verbal interaction between parents and their own children.

B. Objectives for children are to assist in building concepts through "instrumental conceptualism" (Bruner), and enhancing socioemotional development of children, with hopes that this growth will be maintained through third grade, even though the program is terminated when children are four years old.

C. The Verbal Interaction Project has developed this model for others to replicate.

IV. A. & B. The target population is low income families with children two years of age. Originally youngsters came from low income rented housing; many had older siblings in special education classes in public schools. Parents must have no more than a high school education or an occupation no higher than skilled. There are presently over 250 graduates of the program.

C. The program originated in Freeport, Long Island, and has since been replicated in over 20 sites throughout the United States. Spanish-speaking, French-speaking, and Indian populations have implemented the model. Most clients are Black or Caucasian low income families. Rural areas, small towns, as well as large cities have implemented the model.

V. A., B., & C. Toys and books which are given to each family are designed to induce verbal interaction between the mother and child. Perceptual skills which are promoted by these materials include size, form, shape, color, auditory, and tactile discrimination, form fitting and possibilities for spatial organization. There should be possibilities for large and small muscle activity, manipulation of parts, challenge to find muscle dexterity, training for specific motor skills, and outlet for diffuse motor discharge. Conceptual development occurs through stimulation of imaginative play, challenge to problem-solving, self-

rewarding activity, possibility of beginning social concepts, and sex and ethnic neutrality. A list of materials currently being used and criteria for their selection is available from VIP. Since the interaction is primarily between the mother and the child, socioemotional development is at least as important as any of the above cognitive or psychomotor outcomes.

VI. A. The Mother-Child Home Program trains and supervises women called "Toy Demonstrators"—both paid (low-income, high school educated) and unpaid (middle-income, college educated). A Toy Demonstrator visits the home twice a week for 23 weeks a school year. The children are in the program for two years (46 weeks) from age 2 to 4. On the first visit of the week the TD brings a toy or book (11 toys and 12 books per year) into the home and utilizes a structured curriculum of verbal interaction techniques to demonstrate to the mother possible ways of interacting with the child. There is emphasis made to have TDs *model* and *not teach* the mothers. This half hour home visit and further interaction with the Verbal Interaction Stimulation Materials (VISM—toys and books). The VISM are left in the home to encourage *continuing* home education of the child.

B. The program is administered by a "Program Supervisor" who is a professional in such fields as social work, education, psychology, nursing, or psychiatry. Toy Demonstrators can be either part-time or full-time paraprofessionals with no more than a high school education or volunteers. Some Toy Demonstrators are former mothers in the program. A full-time TD might work with 10-12 mother-child dyads, a part-time TD typically has 5-6 dyads, and a volunteer typically works with one family. A Supervisor might have up to 20 TDs under his/her supervision.

C. Program Supervisors attend a 4-5 day Training Institute in Freeport prior to implementing the model. The first year is a Foundation Year where the Supervisor becomes a Toy Demonstrator with 11 to 15 dyads. Each year there is a Coordinator Workshop in Freeport where questions and problems can be discussed with Project consultants and the second phase of training occurs. Project consultants typically visit each replication site during the year.

Toy Demonstrators are given an 8 session training workshop including child development theory, interpersonal relationships, and methods of modeling VISM, by the supervisor and consultant. Each week during the program they meet for two hours with the supervisor to share methods of dealing the VISM and to discuss issues of concern.

D. The Mother-Child Home Program is the service program for the Verbal Interaction Project which operates through Family Service Association for Nassau County and the State University of New York at Stony Brook.

E. TDs do not involve themselves with any aspects of family life other than the VISM and the mother-child interaction with those materials. However, if a mother should request assistance in another area, the TD would, through her Project Supervisor, make referrals to other agencies.

VII. A. The Verbal Interaction Project has been or is currently funded by the Children's Bureau, HEW, NIMH, and OE as well as the Foundation for Child Development, the Grant Foundation of NY, and the Rockefeller Brothers Fund. Replication sites are funded in numerous ways, by local contributions, churches, hospitals, by state and regional funds, the Appalachian Regional Commission, BOCES, and by federal funds under Titles I, III, and IV of the ESEA.

B. & C. Policy is determined by the Verbal Interaction Project, Phyllis Levenstein, Director.

D. The cost of the program is about $400 per child.

VIII. A. A number of research studies by the Verbal Interaction Project have evaluated the program, although until this year there were no randomly assigned control groups. Selected findings include: that children in the program average an IQ gain of 17 points and this remains stable into elementary school, though the program ends for the children at age four; that children in the two-year program made greater and longer lasting gains than those in the initial one-year and partial second year versions of the program; that children in the program have a positive mental health

effect (self-report data); that children in the program have fewer school problems; that paraprofessionals are as effective as trained social workers as Toy Demonstrators; that children's gains can be replicated elsewhere; and that younger siblings of children in the program have pre-test IQ scores higher than other children, indicating a downward diffusion of the program in the home.

B. Process evaluations take place with Home Session Summary Forms filled out by TDs after each visit to the home; through taped Home Visits done twice a year; and by Parent and Child Together (PACT) forms filled out yearly by the TD. At the end of each year parents evaluate toys and books and these evaluations are instrumental in the selection of VISM for the next year.

C. Pre-test measures include for IQ the Cattell or Binet, and for verbal intelligence, the PPVT; follow-up measures include Binet or WISC, PPVT, WRAT (Reading and Arithmetic Achievement), and a Child Behavior Traits (CBT) instrument developed by the Project.

IX. A. The Project has been in operation continually since 1967. Visitors are welcome.

B. Implementation of the Mother-Child Home Program as a Verbal Interaction Project approved replication, using Demonstration Center guidance, involves an organization's acceptance of five conditions:

1. Agreement to observe guidelines established by the Verbal Interaction Project (VIP) and leading toward VIP certification after two years.
2. Attendance of the future Coordinator and/or Program Supervisor at a Training Institute, usually three to five days.
3. Coordinator and/or Program Supervisor participation in Coordinator Workshop (three to five days) after the first year of MCHP replication for second phase of training (TD recruitment, selection, training, supervision).
4. Feedback to VIP data relevant to the feasibility and effectiveness of the MCHP replication.
5. Consultation fee to be individually negotiated.

C. The Program contact person is Dr. Phyllis Levenstein; the address is 5 Broadway, Freeport, Long Island, New York, 11520. The phone number is (516) 868-7770.
Dissemination in Region IV: None
Nearby sites: Dulac Community Center, Dulac, Louisiana

X. Materials Available include:
Film: *Learning is Joy*, from Synchro Films, 43 Bay Drive West, Huntington, New York, 11743, (516) 271-3947. 16 mm. sound/color, 26 min.: rental—$25; purchase—$350.

LIST OF PUBLICATIONS FOR GENERAL DISTRIBUTION

There is no charge for one copy of a reprint. Unless otherwise noted, the charge for reprints after the first free one is twenty-five cents per copy.

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Project Memphis

Memphis Educational Model Providing Handicapped Infant Services

I. The program is designed to be used with any handicapped child (mentally or physically) who is developmentally between birth and five years of age.

II. Project Memphis was originally set up by the state of Tennessee to develop methods of enabling preschool developmentally-delayed children who were wards of the state to develop to their maximum potential. It also trains foster parents to apply certain remedial aspects of the program in a daily educational system in the home. It can be applied to any parent and handicapped child.

III. A. The general goals for the parent training program are to provide direction, clarity, purpose, importance, emphasis and desired outcomes of training. Specifically it aims:

1. To increase the parents' knowledge and understanding of the human development process.
2. To increase the parents' knowledge and understanding of exceptionality and handicapping conditions.
3. To increase the parents' knowledge and understanding of desirable child-rearing practices.
4. To increase the parents' acceptance of their own handicapped child as well as handicapped children in general.
5. To enhance the child care-effecting techniques of the parents.
6. To enhance the child-teaching techniques of the parents.

B. The general goals for the preschool level handicapped children are:

1. To increase functioning in deficient or lagging developmental areas so that the child is less dependent and institutionalization is avoided.
2. To enhance the level of functioning in already normal areas of development to develop greater self-sufficiency in the child, facilitate interaction with others and promote greater opportunities for school learning and adult adaptiveness.

IV. Project Memphis is designed to help handicapped and mentally retarded children who are developmentally aged birth to five years. All races and socioeconomic groups are covered by the program.

V. The program tries to develop specific cognitive, affective, psychomotor and physical goals in each child depending on the individual's deficiencies and strengths. Project Memphis developed specific lesson plans for various levels of development in all four areas.

VI. A. Both the parent and the child are seen twice a week once in the home and once in the treatment center. A comprehensive set of lesson plans has been developed and is used as the Project's basis for teaching methodology and materials. The treatment specialist works with the child and instructs the parents how to do so in the home. Sessions are periodically videotaped to document and evaluate progress of the children.

B., C., & D. The teacher to student ratio can be 1 to 1 or up to 1 to 7 or 8 depending on the children's handicaps. Personnel are professionals. The treatment specialist (teacher) must have a minimum of a B.A. in special or early childhood education. All other professionals (therapists, physicians, psychologists) may be found in the community and used by the project depending on the children's needs.

VII. A. Project Memphis is funded in part by the Bureau of Education for the Handicapped, a division of the U. S. Office of Education and in part by the State of Tennessee.

B., & C. Policy determination is made by the project administrator assisted by the Advisory Board, which consists of professionals representing agencies cooperating on the project, state and local educational representatives, an early childhood education specialist, representatives from the parents of the children in the project, a community public relations specialist and project staff members. All of the members participate in the planning stages of the project. The present project administrator is Alton D. Quick, Ed.D.

VIII. The program effectiveness is evaluated by keeping a Continuous Record for Educational-Developmental Gain for each child. This records the child's mastery of skills both qualitatively and quantitatively. There is at present no published research and evaluation data.

IX. A. Initiation date—1972. The project is ongoing.

B. Memphis State University offers graduate school training at the Master's and Doctoral levels.

C. The program contact person is Dr. Alton D. Quick, Professor and Director, Project Memphis, Department of Special Education and Rehabilitation, Memphis State University, Memphis, Tennessee, 38152.

X. For information concerning specific training text and programming materials write: Fearon Publishers, 6 Davis Drive, Belmont, California, 94002.

Florida Parent Education Early Intervention Projects
University of Florida

I. The program for infants and toddlers covered ages from three to 36 months.

II. The need for the program was determined by a review of the research literature which indicates that a major source of a child's pattern of achievement and motives for achievement as well as his personality structure, is the home in which he grows up.

III. A. The objective for parents was to increase maternal competence and feelings of personal worth in providing educational stimulation within the home.

B. For infants and toddlers the goal was to enhance psychomotor, cognitive, and affective development which will help youngsters become successful in school and in life.

C. For paraprofessionals the goal was to help create new employment opportunities by demonstrating the feasibility of employing disadvantaged women as primary agents in educational intervention with indigent families. For university personnel the goal was to learn more about the quality of home life experienced by infants and children in impoverished populations.

IV. A. & B. The target population was low income parents and infants aged three months who remain in the program until three years of age. Originally children were identified at birth by obstetrics staff as coming from an "indigent" family on hospital admission forms.

C. There were 150 experimental families and two control groups of about 30 each in 12 counties, both urban and rural in the state of Florida.

D. The majority of the subjects were Black.

V. The infant project was a Piaget-based, language oriented curriculum developed by professionals. It included sequential stimulation exercises to give children sensory-motor, tactile, and verbal experiences through toys and play materials at the child's level of readiness. For the second year of the project, a second curriculum was developed by paraprofessionals and a supervisor, but with the same skill development in mind.

VI. A. & B. Non-professional parent educators visited the homes of ten infants or young children weekly, bringing with them an activity which would stimulate intellectual growth. In addition, during the third year of the study, for the Home Learning Center Project, "backyard centers" for the two-year-olds were established. Five children at a time, for four hours a week in two 3 hour periods met at the homes of the mothers in the project. The mother who lived in the home was employed as an aide to the parent educator who became the backyard center director. A

project supervisor administered the program, and during the second year and third year helped parent educators develop learning materials.

C. Parent educators were trained during workshops, which include child development theories as well as guidance in working with mothers.

D. The Florida Parent Education Early Stimulation Project was administered through the Institute for Development of Human Resources at the University of Florida, Gainesville.

VII. A. The project was funded by the Ford Foundation, Children's Bureau, and NIMH. The cost was roughly $300-$400 per child.

B. Policy was determined by the program personnel.

C. Ira J. Gordon was the administrative decision maker.

VIII. A. Numerous research studies have evolved from the Florida Parent Education Early Stimulation Projects. Some significant findings include: that infants' and toddlers' IQ levels were higher than controls at age 3 and this difference was maintained three years after the project ended (age 6), presumably because of continual maternal influences; children's gains were highest through a combination of factors —time of entry (the earlier the better), length of time with program (the longer the better), and consistency of program (the more consistent involvement with the program the better); that there were some qualitative, and even a few quantitative sex differences; that there were teaching patterns which related both positively and negatively with child performance at age one, that there was a clear relationship between maternal language behavior and child performance. It was demonstrated that low income paraprofessionals could indeed effect change in development of disadvantaged infants and toddlers.

C. The program was evaluated by the use of standardized measures, a Task Oriented Behavior measure by Schaefer, a number of language measures, the SEMS measure of motivation and an observation schedule. Maternal measures included a Social Reaction Inventory (SRI) and a How I See Myself (HISM) form both developed for the project. A process measure was the Parent Educator Report of Weekly Visit (PEWR).

IX. A. The Parent Education Project began in 1966 and continued through 1972, with subjects in the study being followed through 1974.

B. Training for parent educators was held during five-week pre-session and through ongoing meetings with project supervisors. Visitors are welcome at the Institute for Development of Human Resources.

C. The program contact person is Dr. Ira J. Gordon, Institute for Development of Human Resources, 513 Weil Hall, University of Florida 32611; phone (904) 392-0741.

Dissemination in Region IV:

Chattanooga, Tennessee PCC
Anderson, South Carolina
Delray Beach, Florida

Nearby sites:

Lorton, Virginia
Holmes County, Ohio

X. Materials available include:

Film: Playing for Keeps (ARC)

Videotape modules: Infant Education in a Family Day Care Home (four tapes).

Books: *Baby Learning Through Baby Play* and *Child Learning Through Child Play*, New York: St. Martin's Press.

ARTICLES AND RESEARCH REPORTS

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Video tape modules—infant education in a family day care home (4 tapes).

Florida Parent Education Follow Through Program
University of Florida

I. The Program is for children in kindergarten and lower elementary grades, roughly ages 5-9.

II. The need for the Program was determined by evaluation projects of the Head Start Program (Westinghouse) which showed that in some cases Head Start children had made some gains which might be kept through early school years through Follow Through Programs. This specific program of planned variation evolved from the Parent Education Early Stimulation Project.

III. A. The Program is based upon the assumption that the home continues to play a primary role in the development of children even after youngsters begin attending school. The goal for parents is to strengthen the family unit while helping parents continue to grow and learn ways to work with their children which help them in school and in life.

B. For children the goal is to bridge the gap between learning at school and in the home and to enhance both cognitive and affective development in ways which will help them become successful in school and in life.

C. For paraprofessionals the goal is to help create new employment opportunities by demonstrating the feasibility of employing disadvantaged women as home visitors and teacher auxiliaries. For teachers the goal is to enhance their skills and repertoire for working with differentiated staffing. For school institutions goals are to supplement school experiences with activities at home and to increase parent involvement.

IV. A. & B. The Follow Through Project involves all the children in a Follow Through classroom, levels kindergarten through third grade. There are 5,568 low income and 1,582 middle income children in these classes (1974-75).

C. There are 11 Follow Through sites using this model in rural and urban communities throughout the country.

D. Children in these classes are from all ethnic groups including Black, White, Indian, and Spanish-speaking.

V. A. & B. The Program attempts to enhance the cognitive and affective development of the child, to strengthen the parent-child bond, and to involve older and younger siblings in the activities which are brought into the home. A library of these activities is developed in each community which can be used by any Follow Through teacher at any level when the activity matches the child and the home. Activities are not "homework" but game-type supplements for *all* children in Follow Through classrooms.

VI. A. & B. The staff to pupil ratio, depending upon the size of the Follow Through class, is 1:10-15. Two parent paraprofessionals are employed for each Follow Through classroom. They have a dual role of visiting the homes of every child in the classroom once a week and working half time in the classroom assisting the teacher. The teacher is trained in the use of paraprofessional personnel. Materials are developed for family use which take into account not only the school's goals for the child, but also, and equally, the family's expectations, goals, life style, and value system.

C. Parent educators are trained during workshops, summer institutes, and during visits of consultants to project sites. Teachers and parent educators are trained in each community by project supervisors and consultants.

D. A Policy Advisory Committee (PAC) of parents is involved in all phases of the Program.

VII. A. Follow Through is funded by OE.

B. Policy for the Florida model is determined by the Institute for Development of Human Resources at the University of Florida, the local education agencies and by the PAC in local communities.

C. The administrative decision makers are Gordon E. Greenwood, William F. Breivogel, William B. Ware, and Ira J. Gordon.

VIII. Numerous research studies are evolving from the Florida Parent Education Follow Through Project. Nationally there are 165 Follow Through program sites sponsored by 22 projects with a "planned variation". A national

evaluation by USOE using data collected by the Stanford Research Institute gives the overall impression that Follow Through is having a positive effect upon children.

Research data on the Florida model is currently being analyzed. Two studies have shown that the Florida Program, by working directly with parents, seems to have produced a decided vertical diffusion; younger siblings not directly involved in the program come to a school setting better prepared as measured by the Pre-School Inventory.

C. Standard measures as well as instruments developed at the Institute, are being used for Program evaluation. Two process measures are the Parent Educator Weekly Report on Visit (PEWR) and the Taxonomy of Classroom Activitiy (TCA) which has shown effective use of differentiated staffing in the Florida model.

IX. A. The Florida Follow Through model has been in operation continuously since 1968. Visitation is possible at the Institute for Development of Human Resources and at Follow Through sites.

B. Those interested in replicating the model agree to (1) training of paraprofessionals in the roles of parent educator and teacher auxiliary, (2) training the teacher in the use of paraprofessional personnel, (3) development of materials for family use which take into account not only the school's goals for the child, but also, and equally, the family's expectations, goals, life style, and value system, and (4) involvement of the Policy Advisory Committee in the program. Training is achieved through summer institutes and consultant visitations.

C. The contact person is Dr. Ira J. Gordon, Institute for Development of Human Resources, 513 Weil Hall, University of Florida, Gainesville, Florida, 32611; phone (904) 392-0741.

Dissemination in Region IV:

Chattanooga, Tennessee
Duval County, Florida (Jacksonville)
Hillsborough County, Florida (Tampa)
Winnsboro, South Carolina

Nearby Sites:

Richmond, Virginia
Jonesboro, Arkansas

X. Materials and publications available:

Abt Associates, Inc. Project Follow Through Interim Report: Volume I. An Analysis of Selected Data, 1969-1972, 1973. Volume II. Appendices, 1969-1972.

Abt Associates, Inc. Final Report. Education on Experimentation: Evaluation of the Follow Through Planned Variation Model. Marvin G. Cline, Project Director, 1974.

Gordon, Ira J. The Florida Parent Education Program. Gainesville, Florida: Institute for Development of Human Resources, 1972.

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An Approach for Working with Parents of Disadvantaged Children: Institute for Research on Exceptional Children University of Illinois

I. Children involved in this project were aged 3 to 5 years and were not attending a nursery or preschool program.

II. The program was developed to gather objective evidence on the effects of parent involvement in training programs for culturally disadvantaged preschool children.

III. The goal of this program was to help parents of low educational level and low income teach their children basic cognitive and linguistic skills. It was hoped that a short term parental training program would produce lasting growth in their children.

IV. All parents in the training program were considered culturally disadvantaged due to low educational and socioeconomic levels. They were all Black and lived in the Urbana-Champaign, Illinois area.

V. Specifically, the program was trying to increase measured intelligence and linguistic skills in the preschool children of the parents in the training program.

VI. A., B., & C. Eleven weekly sessions of two hours each were held in a neighborhood elementary school for mothers. Three teachers with experience in teaching preschool children conducted the meetings. The meetings were group meetings consisting of one teacher and five mothers. The mothers were taught to make simple educational materials for use in teaching the child at home. Discussions were also conducted on the various appropriate ways of using these materials. In addition, weekly home visits were made to participants who were absent and other homes were visited every two weeks. The purposes of these visits were individual suggestions for improvement of techniques, answer questions, and observe the extent to which parents were working with their children. The staff to family ratio was 1 to 5.

E. Child psychologists were employed to administer the Stanford-Binet Intelligence Scale and the Illinois Test of Psycholinguistic Abilities both prior to and upon completion of the training program.

VII. This study was funded by a grant from the U. S. Office of Education. In addition to administrative and teaching costs, the mothers were also paid $3.00 for their attendance at the group training sessions. The project director for this program was Dr. Merle B. Karnes, Institute for Research on Exceptional Children.

VIII. The effectiveness of the program was evaluated by a comparison to a control group of children who were matched by intelligence scores and sex prior to the program's initiation. This control group received no training nor did they attend any nursery school. At the program's termination the children were compared on IQ and linguistic skills. Those whose parents were involved in the training program showed a statistically higher scores on IQ and on several of the linguistic skills subtests.

IX. Initiation date 1966—termination same year. For information or a description of the educational aids contact: Dr. Merle B. Karnes, Institute for Research on Exceptional Children, University of Illinois, Urbana, Illinois, 61801.

Infant Learning Project
University of Pittsburgh

I. The program for infants covered the ages from birth to two or three years. The project was designed for infants to the age of two, but provided services for youngsters until the age of three upon the request of parents.

II. There was no systematic needs assessment. Reviews of research literature demonstrated environmental influences on early intellectual and social development of infants. Sensory and nutritional deprivation had resulted in retarded physical and mental growth of infants. This program was designed to prevent this retardation.

III. The Infant Learning Project was a comprehensive program of infant stimulation and family support conducted by indigenous workers within the homes of families residing in the poverty areas of Pittsburgh. Its underlying assumption was that mothers are the primary mediators of their infant's learning experiences.

A. & B. The objectives for parents and infants were:

1. to investigate the influences of caretaking, family, and environmental characteristics on the development of infants.
2. to enhance the learning environment of the infants with a resulting improvement in their rate of development.

C. An objective for the program was:

1. to identify and describe the issues involved in the training and supervision of neighborhood women as paraprofessional child development aides.

IV. There were 136 mother-child dyads in the original project, of which 81 remained until the infant reached the age of two. Of those in the study the entire time, 77 were Black, 2 White, and 2 biracial; all were low income and all lived in Pittsburgh, Pennsylvania.

V. No specific skills or objectives are listed for infants. Primary emphasis is on sensory-motor functions, but the program's goals were to enhance the physical, social, and intellectual development of infants and to provide for nutritional and health needs. The Bayley Scales were used at 6, 12, 18, and 24 months.

VI. A. Paraprofessional child development aides drawn from the local community visited the homes of infants weekly (in 48 cases) or biweekly (in 33 cases). During these home visits the aide was a teacher to the baby and a demonstrator of infant stimulation techniques to the mother. The aide was given a large amount of freedom in her role. She assisted the mother in her role as a teacher and provided guidance in alleviating environmental stresses which might interfere with the mother's caretaking behaviors. Aides offered to assist the mother in any way she wished to promote the healthy growth and development of the newborn infant. Typically toys and games were brought into the home to be used in stimulation exercises. Each infant received several toys as gifts during the year.

To help build the transition between home learning and day care schooling and to help phase out the program, youngsters, when they reached the age of two, attended a group setting one day a week instead of receiving home visits. Sixty percent of the children remained for the group sessions.

B. The aide-family ratio was 1:12. Personnel consisted of a project director, and a project coordinator, both faculty members at the university, a social worker, a biostatistician, an examiner, a research assistant, a secretary, and 8 child development aides who were paraprofessionals with no more than a high school education.

C. Child development aides received six weeks of training (six hours per day) in the areas of project procedures, child development, child care, family support, teaching methods, and methods of observation in order to facilitate the collection of data. On-the-job instruction in weekly sessions became an integral part of their supervision.

D. Supervision and consultation in areas of child development, nutrition, medical care, and social services were available from members of the project staff, who were responsible for implementing the program.

E. Referrals were arranged through community health and welfare agencies, in-

cluding clinic health programs, local hospitals, the Allegheny County Health Department public health nursing, social work, and housing departments, the County Board of Assistance, and a number of community mental health and mental retardation agencies.

VII. A. HEW provided the funding for the project.

B. Policy was determined by the entire staff including aides. Cost per child was $680; cost per home visit was $20.

C. The administrative decision makers were Byron W. Wight and Verna B. Corey.

VIII. The program lacked structure, making systematic data collection difficult. For example, there was a great deal of variation in number of home visits actually made by aides. The product measures were the Bayley scales given at ages 6, 12, 18, and 24 months. Process measures included a cumulative record of occurrences of new behaviors demonstrated by each infant kept by the aides; a regular monitoring of physical health; and regular ratings of general social and emotional adjustment by the aides. Home environment measures included (1) caretaking and health characteristics and degree of stimulation or teaching provided the infant, (2) traits of the primary caretaker, her physical and emotional development, and (3) home characteristics, including finances—all gathered by the paraprofessional aides. The purpose was to measure the effects of these environmental factors on developmental measures of the infants. Profiles of infants' environment were classified on a continuum of caretaking efficiency and then rated as Risk I, Risk II, or Facilitating families.

The results obtained from the Bayley Scales of Infant Development (BSID) constituted the only developmental data with which comparisons between the intervention and control group infants could be made. There were no differences between intervention and control groups on this measure at six months. By age two, there was a difference of 8.5 points between intervention and control groups.

IX. A. The Project began in February 1970 with four aides and was increased in August of 1970 by four more aides; it has been terminated.

B. The clients participated in the project for two to three years.

C. The program contact persons are Dr. Byron W. Wight and Dr. Verna B. Corey, Maternal and Child Health Section, Graduate School of Public Health, University of Pittsburgh, Pittsburgh, Pennsylvania.

X. *Infant Learning Project*, mimeographed report, May 1974.

COMMUNITY AGENCY PROGRAMS

Houston Parent-Child Development Center
Houston, Texas

I. The age of the children is from age 1 to age 3.

II. No formal needs assessment was conducted. The program was based on the general notion of the importance of these ages and the special significance of working in a bilingual program with Spanish-speaking parents. There was an informal needs survey in the home by the home teachers.

III. A. Improvement of mothers' teaching skills, improvement of autonomy-granting, warmth, the encouragement of verbal skills, increasing the mother's self-esteem, and increasing the family's effectiveness in using its own resources are goals of the program.

B. There are cognitive and self-esteem objectives for children. An important element is the development of a child's positive attitude toward learning, exploration and discovery.

C. A basic goal of this program is to develop a model which might be replicated in other locations.

IV. A. Age of children: 1-3 years.

B. All families are in the low income group.

C. Houston inner city is a Spanish-speaking neighborhood.

D. Chicano. There are 80 experimental families and 80 control families each year in the project.

V. A. General cognitive skills as measured on Bayley, Stanford-Binet, Palmer Concept Familiarity Index, and similar intellectual tests.

B. Positive self-concept.

C. Those aspects of psychomotor skills which are measurable on standard tests such as Bayley and Stanford-Binet.

VI. A. Between age 1 and 2 there are weekly home visits to the family. Each home visit takes about two hours. In about one-third of the cases a second visit is made each week when previous visits for some reason have been cancelled. This is to insure that each family is visited on an average of at least once a week.

There are four all day family workshops on the weekend involving fathers as well as mothers during the first year the family is involved in the project. About half of the fathers have attended these workshops. It should be emphasized that this program is very sensitive to the close family relationships of this population (95% intact families) and tries to structure the program to this characteristic.

In the family's second year in the program, mothers and children are involved in a center program four days a week for three hours a day. About half of that time is in child development for the parents and about half is sewing, home economics, and other skills. There are evening sessions for both parents held twice a month.

A special part of this program is its bilingual emphasis. This involves the construction of bilingual curriculum, the use of a bilingual translator, and a special awareness of the culture of the family. This bilingual program for mothers and children is focused in the center.

As a part of the center program, the child development program includes discussions of child development, classroom observation of children and micro teaching in which the mother-child interaction in the teaching activity is videotaped and the mother views her own performance.

B. Since a basic part of this program is research and demonstration and the development of a replicable model, it is difficult to determine the staff ratio needed to carry out simply the service elements of the program. There are 27 service people for the 80 families (50 who are in the first year home program and 30 in the second year center program). Medical services are extended to the 80 control families. Basically, there is 1 paraprofessional home visitor to 10 families and 1 supervisor for the 5 home visitors. The 27 service people include a half time bilingual translator, curriculum development people and a research and evaluation team. The home visitors are paraprofessional. The other members of the service team are professionals ranging from teachers to university professors.

C. Following the initial pre-service training there is continuous in-service training approximately one day a week. This con-

sists of about one half day in curriculum development and one half day in extending the skills of the home visitors and the center personnel.

D. Agency responsible is the University of Houston which conducts the PCDC.

E. A number of local agencies are involved in the medical and social service components. There is also an active Policy Advisory Council in which the fathers are particularly active in the decision making affecting the program.

VII. A. Office of Economic Opportunity and Office of Child Development. The center is funded at approximately $300,000 but it is not fair to cost this out per individual child because of the objective of creating a replicable model and a high amount of research and evaluation as well as curriculum development.

B. Policy is determined by the University of Houston staff and the Policy Advisory Council.

C. Administrative decision maker is Dr. Hazel Leler.

D. The staff organization includes a curriculum group, a research and evaluation group and an implementation group. As indicated above, there is one professional supervisor for the five home visitors and people are involved in a combination of implementation curriculum development, and evaluation activities. There is not necessarily a clear delineation of these functions nor should there be for this particular type program.

VIII. A. Research and evaluation has been basic to this program. At age 3 the children involved perform at a significantly higher level ($p = .057$) on the Stanford-Binet than control children. There have been changes in the mother as measured by the Observation Schedule in terms of warmth and affect, encouragement of verbalization, providing freedom for exploration. The Mother-Home Inventory indicates that there are significant differences in favor of the mothers involved in the program over controls in the encouragement of receptive and expressive language as well as in other aspects of the home as a learning environment. At age 4 the McCarthy Scales will be used as a follow-up measure.

B. The videotape micro teaching technique performs as a process measure. In addition, mother-child interaction using the MISS also serves as a process measure.

C. Standard instruments used consist of the Stanford-Binet, the Bayley, the Palmer Concept Familiarity Index. Standardized measures for the mothers consist of Caldwell's Home Inventory and Maternal Interaction Structured Situation (MISS).

IX. A. The program was initiated in 1972. It terminates in its present form in June, 1975, and moves into a training replication cycle. Only one replication will be developed at a time and visiting is limited.

B. Instructional period for clients is two years.

C. Contact person is either Dr. Hazel Leler or Mrs. Rebecca Pena-Hines, Parent-Child Development Center, Psychology Department, University of Houston, Houston, Texas, 77004. Phone: (713) 749-2488 or (713) 928-2155.

X. A curriculum will be available after the replications start. This probably means availability no sooner than January, 1976. A brief description and early research data findings were presented at the 1973 Annual Meeting of the American Orthopsychiatric Association. This has been published as:

Johnson, D. L., Leler, H., Rios, L., and others. "The Houston Parent-Child Development Center: A Parent Education Program for Mexican-American Families". *American Journal of Orthopsychiatry*. 44 (1) January, 1974, p. 121-127.

Parent Child Center
Jacksonville, Florida

I. The age of the children involved in this program is birth to 8 years.

II. Before the program was started, a formal Needs Assessment Survey was given out to the community. Periodic surveys are still taken to keep up with changing community needs.

III. A. The main general goal for parents is to help them become better teachers for their own child.

B. For the child, the main goal is for good early childhood development.

IV. A. Age of child: 0-3 years.

B. All families in the program are low income families.

C. The center is located in a large urban area, Jacksonville, Florida.

D. All families in the program are Black.

V. No specific skills or abilities are emphasized in the program. Each child receives an individual overall assessment, an individual education plan and an individual service plan when starting out in the program. Included in each plan are various cognitive, affective, psychomotor, nutrition and health aspects for each child.

VI. A. All children who are not able to walk alone are in the home based aspect of the program. A home teacher visits the home once a week for an hour to an hour and a half. She usually demonstrates an educational task using a toy and then the parent begins to work with the child. Home teachers also act as referral persons for community or social services as well as trying to help the parent become more involved in the center.

Those children who are walking come to the center on two mornings a week for 3 hours each visit. Children are usually accompanied by a parent. In the center teachers demonstrate a task to the mothers who then work on it with their children

The center also provides supportive services for the mothers. Various courses are offered including sewing, cooking, parent awareness training, ceramics, etc. The center offers child care services for mothers who attend these classes and meetings.

Transportation to and from the center is available for those who need it. Children attending the center receive breakfast and a snack. Lunches and afternoon snacks are offered to those attending classes and their children in the child care service. A pediatrician comes in twice a week for health services.

B. Each home teacher visits 10 families per week. In the center, the teacher to child ratio is 1:3. The staff includes 1 director, 1 assistant director, 1 data coordinator, 1 family service coordinator, 2 family service aides, 1 assistant education coordinator, 8 teachers, 1 registered nurse, 1 cook, 3 clerical workers, 2 drivers and 1 janitor. The data coordinator, education coordinator, and nurse are the only positions requiring professional degrees.

C. Staff training includes a pre-service orientation program which runs from 1 to 3 weeks depending on the expertise of the new staff member. In-service training occurs once a week for all staff members.

VII. A. The funding source is the Office of Child Development.

B. Policy determination for the center is by the Policy Council which is made up of 51% parents and 49% community people.

C. The administrative decision maker is the director.

VIII. A. Initiation date—1968. The program is ongoing. Visiting and training are available.

B. Children remain in the program until the age of three when they transfer to Head Start.

C. The program contact person is: Betty Winters, Parent Child Center, Head Start, Jacksonville, Florida, 904—359-0306.

Parent Child Center (PCC)
Leitchfield, Kentucky

I. The program serves families with children who are 0 to 6 years of age.

II. Before the program began a Needs Assessment Survey was given out in the community. Program focus points were determined from the responses to the Survey.

III. A. The program concentrates on the parents. The main goal is to teach the parent to teach the child. It also tries to help the parents understand the educative process more easily.

B. The program goals for the child include general development and better health.

IV. A. The program serves children ages 0-6.

B. All families in the program are low income according to the CSA Poverty Guideline.

C. All families in the program live in a rural area.

D. The ethnic breakdown is 85% Caucasian and 15% Black.

E. About 20% of the center's children suffer some sort of physical or mental handicap.

V. For each child, the staff sets up a program to include activities to increase intellectual skills, gross and fine motor skills, language skills, self-esteem levels and nutritional needs.

VI. A. & C. Families come in once a week to the center from 9 A.M. to 2 P.M. with the preschool children. This allows the mother to be home when her older children leave for and get back from school. Breakfast, lunch and an afternoon snack are served at the center. Mothers take turns helping to prepare the meals and serve as aides in the infant classrooms.

The staff plans an individual curriculum for each child in each of the different goal areas (language, nutrition, gross motor fine motor, cognition, social and emotional). The mothers are encouraged to go through the various activities with the child and receive help on different educational techniques. In addition the infant educator makes home visits twice a week to continue the mother's instruction and evaluate home teaching techniques. Infant educators also aid in referring the family to community services.

B. The infant educator to family ratio is 1:10. There are ten infant educators and each has at least a high school diploma plus special training in child development. A university professor comes and gives instruction in this area every Friday and the staff receives three hours of college credit. There is also in-service training in other areas (parent involvement, education techniques, etc.).

The rest of the PCC staff which covers 2 centers includes 1 Executive Director, 1 Education Coordinator (Master's Degree in Child Development), 1 Guidance Counselor (Master's Degree), 1 Bookkeeper, 1 Secretary, 1 Head Teacher who organizes the education aspect of the centers (college degree), 3 Center Teachers (college degree), 2 Center Supervisors who organize food, transportation, etc., 1 Workshop Supervisor who makes any equipment the centers or Infant Educators need, 4 Cooks and 4 Kitchen Aides who prepare the meals, 2 Janitors, 4 Registered Nurses, 4 Teacher's Aides and 2 Social Service Aides.

E. Local health agencies supply medical and psychological aid to handicapped children and their families.

VII. A. As of July 1, 1975, the Office of Child Development will be funding the Parent Child Center.

B. The Parent Child Centers are incorporated and have a Board of Directors composed of 52% parents and 48% community officials and professionals. Parents also serve on the 6 advisory committees (personnel, education, health, finance, grievance and community resources).

C. The administrative decision maker is the Executive Director.

VIII. Program effectiveness is evaluated once a year as well as on a daily and weekly basis. Day to day records are kept on each child and mother. Once a year each child is administered the Lexington Development Scales which has measurements for motor skills, cognitive, language, emotional and personal social areas of development. The Peabody Language Test, the Bailey and the Wexler are also administered.

IX. A. Initiation date—1968. The project is ongoing. Visiting is available.

B. Clients remain in the program until age 6 or until they go to kindergarten.

C. The program contact person is: Mrs. Cleo Lowrey, 201 East Walnut Street, Leitchfield, Kentucky.

New Orleans Parent-Child Development Center
New Orleans, Louisiana

I. The age of the children is from 2½ months to 36 months of age.

II. Although no formal needs assessment was conducted, the program was based on the existing literature and previous intervention efforts, (see university research section for examples).

III. A. Goals for parents were:
1. Increase the mother's knowledge and understanding about child development.
2. Change her behavior toward her child.

B. Although the main goals were those above, children were tested on a variety of cognitive measures (see V).

C. To compare home visit and center based treatments.

IV. A. Age of children: 2½ months to 36 months.

B. All families were in the low income category.

C. Center city urban (New Orleans).

D. All Black. Fifty percent mother only families.

V. A. Performance on: Uzgiris-Hunt Scales, Bayley Scales, Pacific Test Series, Ammons Full-Range Picture Vocabulary Test, Grammar Test, Palmer Concept Familiarity Index and Stanford-Binet Scale.

B. None indicated.

C. Since these are infants, performance measured by the Bayley Scale is heavily a function of psychomotor development.

VI. A. For the home visit program, the paraprofessional home visitors visited one day a week for approximately an hour and a half a day.

Parents received limited information on health and safety. The center program provided two days of group sessions for three hours a day. These were led by a paraprofessional. The six hours were: a 3 hour a week parent-child laboratory, a 1 hour a week home resources workshop and a 2 hour a week session on parent development.

The contrast was between a center program with 6 contact hours in group sessions versus a home 1 to 1 program of less than 2 hours a week.

Both groups received complete family health care, availability of the services of a full-time social worker and transportation to and from the center for testing and health appointments. Mothers were paid to participate ($10 a week for Center, $7.50 for home). The program is generally eclectic with a strong affective flavor based upon concepts of attachment and a cognitive flavor based upon Piaget's view of the sensory-motor period. In addition, there is an emphasis on infant-mother competence in an interaction relationship.

B. The home visitors are paraprofessional. No ratio is given for home visitor to family. Center ratio is staff to parent to child of 1:10. Since this was a research/demonstration model, many were employed in curriculum development and evaluation who would not be required for replication. The administrative support staff consisted of a director, social worker, and medical team not included in 1:10 ratio.

C. There is continuous in-service training (every afternoon). A training document will be available.

D. University of New Orleans.

E. Policy Advisory Council.

VII. A. OEO, OCD. The funding sources were the Office of Economic Opportunity and the Office of Child Development.

B. University of New Orleans and Policy Advisory Council.

C. The administrative decision maker is Dr. Susan R. Andrews.

D. Staff organization for replication is available for Center program only. Includes staff of 25 to service 75 families.

VIII. A. There was a research design for comparing center, home visit and control populations on both mother-child interaction and child performance on cognitive measures. Fourth year report (March, 1975) presents data on center versus control and center versus home. Comparisons clearly favor center over control, but N's are small (10 in each group). Attrition data indicate significantly higher attrition from center program than from home for 1971.

only 14 of 36 center graduated while 15 of 24 home did so. For the 1972 cohort, only 16 out of 42 centers recruited are still present, while 23 of 36 homes recruited are still in the program. Comparisons between center and home tend to be equivocal because only 9 in each group were measured on the mother-infant interaction scale, and only 3 of 18 items were significant the 1972 cohort, and 5 of 18 for the 1971 at .05 level. No child data presented on center versus home.

B. It may be assumed the mother-infant interaction scale served as a process measure. Parent input on curriculum came through the parent educators' comments concerning parents' requests.

C. The project developed a mother-infant interaction observation schedule. This is an important development because so few projects report hard data on changes in parents. This scale, with modification for child age, should prove generally useful.

IX. A. 1970. Terminates as present program June, 1975.

B. 3 years.

C. Dr. Susan Andrews, New Orleans Parent-Child Development Center, 3300 Freret Street, New Orleans, Louisiana, 70115. Phone: (504) 899-1587.

X. Materials for replication of center program will be available, Fall, 1971. Fourth year report (March, 1975) available from project.

Parent Child Center
Oakland, California

I. The children who are in this program range in age from 6 weeks to 3 years of age.

II. Before the program started a Needs Assessment Survey was given out to the community and meetings were held in the areas the center would serve to determine on what, specifically, the center should focus.

III. A. The center's major goals are to improve the parenting skills and involve parent and child in an environment designed to encourage early childhood education.

B. The major goal for children is to encourage intellectual and personal-social growth.

IV. A. The age of the children is 6 weeks to 3 years.

B. Ninety percent of the parents are in the low income group. Most of these are single female parents on some sort of public assistance. The rest of the families are lower middle class.

C. The area is urban.

D. Ethnic breakdown: 60%-70% Black, 3% Mexican-American, 1 Asian family and the remainder are Caucasian.

V. The Parent Child Center sets up an individual program for each child which includes language skills, gross and fine motor skills and socialization skills with parents, teachers and peers.

VI. A. Most parents come in to the center with their child for two days a week from 9 A.M. to 3 P.M. High school parents come in five days a week for half a day, the other half they attend high school classes. Parents must spend at least three hours interacting with the child in the classroom, learning and practicing various educational techniques. The rest of the time at the center is spent serving on the policy council, various committees or assisting the staff. Breakfast, lunch and a snack are served each day and two vans provide transportation for those who need it. The program handles handicapped children except for the severely handicapped who are referred to other community agencies.

Each family receives a home visit once or twice a month. The home visitors offer suggestions for home teaching techniques and checks to see how the educational process is carried out in the home.

B. There are ten staff members who serve as home visitors and each makes about two or three visits per week. There are seven teachers, an education coordinator, a social services coordinator and a health coordinator who serve as home visitors. The rest of the staff includes a director, an assistant director, a parent involvement coordinator, a clerk typist, a data coordina-

tor and a food service manager.

C. There is no mention of a pre-service training program. There are weekly meetings and the staff is encouraged to take part in workshops, seminars, and extension courses offered in the surrounding community.

VII. A. The funding source is the Office of Child Development.

B. There is a Policy Council made up of parents (51%) and community members (49%).

C. The administrative decision maker is the director.

VIII. The staff keep day-to-day records on each child. There is also an annual evaluation made up of medical examinations and skill assessment tests which the staff has developed.

IX. A. Initiation date—1969. The program is ongoing. Visitors are welcome and training is available.

B. Children remain in the program up until around age 4 when they are transferred to Head Start or a similar pre-school program.

C. The program contact person is: Jonnya Thompson, 577 14th Street, Room 213, Oakland, California, 94600.

Parent Child Center
Philadelphia, Pennsylvania

I. This Parent Child Center program (PCC) is for children from birth to 3 years of age.

II. A Needs Assessment Survey was given out in the community before the program started to pinpoint the areas of greatest need.

III. A. The main goal of this program for the parents is to involve them in interacting with their children in such a way as to foster good early childhood development. The center also hopes to help the parent understand the "how" and "why" of early childhood education.

B. The general goal for the child is to facilitate general early childhood development.

IV. A. Age of children: birth to 3 years.

B. 90% of the families in the program are lower income families; the rest are middle income families.

C. The Parent Child Center is located in a large urban area, Philadelphia, Pennsylvania.

D. All of the families in the program are Black.

F. 10% of the children involved are mildly handicapped (i.e. slight language, hearing, visual problems). Severely handicapped children are referred to other agencies.

V. Specifically, this program aims for good development in language, perception, gross and fine motor coordination and general health for each child.

VI. A. Families with children up to the age of 18 months receive one home visit per week for about 1 to 1½ hours. Children from 18 months to three years of age go in to the Parent Child Center 4 days a week for 2 hours per day. During these sessions the teacher or home visitor demonstrates various tasks or techniques to the mother who then interacts in the same way with the child. Advice is also given on nutrition or the use of various social services during this time. Teachers and home visitors also demonstrate how to make educational playthings out of materials in the home.

B. The home visitor to family ratio is 1:15-20. The center teacher to family ratio is 1 teacher and 1 aide to 12 children. The center staff consists of 1 director, 1 assistant director, 4 home visitors, 1 teacher, 1 aide, 1 social service coordinator, 2 social workers, 2 social service assistants, 1 family coordinator, 1 health aide, 1 registered nurse, 1 business manager, 1 secretary, and 1 facilities manager-driver. Some of this staff is shared with Head Start.

C. There is a short pre-service training program covering general child-related topics as well as weekly in-service training sessions.

VII. A. The funding source is the Office of Child Development.

B. A Board of Directors is the policy determining body. It is composed of 18 parents, 5 community agency representatives and 7 at large community members. The staff and professional people (ex.: attorney, pediatrician, etc.) serve as professional advisors.

C. The administrative decision maker is the project director.

VIII. The program is evaluated by review of the children's progress records. For some of the older children an outside tester used some standardized tests modified and adapted by the staff for in house use.

IX. A. Initiation date—1968. The program is ongoing and training is available.

B. Children can remain in the program until age 3 when they are transferred to Head Start.

C. The program contact person is: Jewel Morrissette, 920 Boston Street, Philadelphia, Pennsylvania, 19133.

Home Start

Office of Child Development — Home Start Programs

The university research-oriented programs begun in the mid 1960's, combined with the various community-developed home-based programs had progressed far enough by the early 1970's to lead the U. S. government into a demonstration effort in home visitation.

Home Start is the three year Head Start demonstration program developed in 1972 by the Office of Child Development (OCD) of the U. S. Department of Health, Education, and Welfare. The program was designed in large part to help low income parents do for their own children at home the same kinds of things Head Start does for children in centers. As of October 1, 1974 there were 1,150 families enrolled in the 16 projects. These families had 2,220 children in the 0 to 5 age range, 1,443 of whom were "focal" children in the 3 to 4 age range. Home Start provides the same kinds of comprehensive services as Head Start (nutrition, health, education, and social and psychological services) and aims at the same 3 to 5 age range.

There are 16 OCD-funded Home Start programs. These are described in the following pages. National *Guidelines* for these programs left as much latitude as possible for the fulfillment of local needs within the program. Each receives approximately $100,000 for a 12-month period and serves about 80 families. Yearly average expenditure per family is $1,344, roughly comparable to the cost of center-based programs.

There are four major objectives of Home Start programs:

(1) to involve parents directly in the educational development of their children,

(2) to help strengthen in parents their capacity for facilitating the general development of their own children,

(3) to demonstrate methods of delivering comprehensive Head Start-type services to children and parents (or substitute parents) for whom a center-based program is not feasible, and

(4) to determine the relative costs and benefits of center- and home-based comprehensive early childhood development programs, especially in areas where both types of programs are feasible.

Although programs differ widely, each has a staff of trained home visitors (typically paraprofessional women) and personnel needed for supervision, coordination, and administration of the program. All stress home visitation on a one-to-one basis.

There are three components of the evaluation system of the national Home Start program. (1) *Formative case studies* from each program provide data for program development and revision. (2) *Summative* evaluation assesses the effectiveness of a program after completion of one or more year of operation. There are pre- and post-test measures which include the Preschool Inventory, ETS Enumeration Test, Denver Developmental Screening Test, Schaefer Behavior Inventory, High/Scope Home Environment Scale, 8-Block Sort Task, Parent Interview, Child Food Intake Questionnaire, Height and Weight Measures, and Nutritional Status. (3) An *information system*, designed to gather basic statistics about each of the 16 programs, forms the third component of the national evaluation. Information is gathered on family and staff characteristics, services provided to families, and program financial expenditures.

Two outside firms are responsible for the three year evaluation of Home Start. They are High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan, 48197 and Abt Associates, 55 Wheeler Street, Cambridge, Massachusetts, 02138.

Evidence from the first seven months of Home Start indicates that a home-based, parent-focused program can be a viable alternative delivery system to a center-based (Head Start) program.

Comparisons were made of Home Start children and control children in no program for the first seven months. With regard to the mother-child relationship, the two "mother self-report" measures showed statistically significant differences in favor of Home Start mothers. In "school readiness" the Home Start children gained significantly more than the control children on three of four school readiness measures. In social-emotional development there were no statistically significant differences between Home Start and control children. In physical development Home Start children gained statistically more weight than control children. For medical care, significant improvements were observed for Home Start children in comparison with control children. In nutrition, there was no improvement in total nutrition scores among Home Start children compared to control children.

With only a few exceptions, Home Start children kept pace with Head Start children over this seven month period.

The OCD has produced a guide for the development of home-based programs (see book list at end of report). Further information on the national Home Start program or evaluation can be obtained from: Office of Child Development, Office of Human Development, Department of Health, Education, and Welfare, P. O. Box 1182, Washington, D. C., 20013. The program terminates June, 1975.

Binghamton, New York Home Start

I. The age of the children involved in this program is 3 to 5 years.

II. No information is available on needs assessment.

III. A. The major goal for parents is to increase their knowledge of child development, educational techniques and nutrition.

B. The program's major goal for children is to increase their skills in motor activities, perception, language and increased socio-emotional development.

IV. A. Age of children: 3 to 5 years.

B. All families are lower income families.

C. The program is located in an urban area; Binghamton, New York.

D. The ethnic breakdown of the program's families is 80% Caucasian and 20% Black.

V. For each child, there are planned specific weekly goals in fine and gross motor activities, perception, language skills, and social development.

VI. A. There is one home visit per week which lasts for two hours. There are five parent groups and each one meets once a month to discuss such topics as first aid, family planning and available social services. Home visitors see that all the children have physical examinations. They use the "beautiful junk" concept in developing educational materials for their home visits.

B. There are 69 families. The home visitor to family ratio is 1:10-12. The staff consists of 1 director, 1 deputy director, 6 home visitors, 1 mother's group moderator, 1 bookkeeper, and 1 receptionist.

C. There is pre-service staff training using "School Before Six—A Diagnostic Approach" prepared by Cornell University and the Peabody Language Kit. No information is available on in-service training.

VII. A. The funding source is the Office of Child Development.

B. The Home Start Policy Council consists of 12 mothers and 10 community representatives, and is the body which determines policy for the program.

C. The project director is the administrative decision maker.

VIII. ABT Associates and High/Scope are the two groups responsible for program evaluation.

IX. A. Initiation date: spring 1972. The program terminates in July, 1975.

B. Children stay in the program until they are old enough to attend kindergarten.

C. The program contact is: Mr. Louis Conn, Home Start, 30 Fayette Street, Binhamton, New York, 13901.

Cleveland, Ohio Home Start

I. The age of the children in this program is 3 to 5 years.

II. No information is available on needs assessment.

III. A. The major goals for parents are to increase their knowledge and understanding of early childhood development, nutrition principles and community social services.

B. The general goal for the children is to increase cognitive, perceptual and language skills.

IV. A. Age of children: 3 to 5 years.

B. All families are lower income families.

C. The program is located in a large urban area, Cleveland, Ohio.

D. The ethnic breakdown for the program is: 10% Caucasian, 65% Black and 25% Puerto Rican.

V. The specific educational goals for children are to increase sensory discrimination, expression of thought and feeling, language skills and to stimulate the child's curiosity.

VI. A. There is one home visit per week for two hours. Home visitors make use of the "beautiful junk" concept in making materials used in the educational aspects of the home visit. Part of each visit emphasizes home safety and nutrition. The program nutritionist made up a cookbook for Home Start families consisting of good, low cost meals. Home visitors arrange for

use of local health services by the family. They make local headquarters in the community areas where they work, usually sharing offices with other social service programs. Each home visitor has group meetings at least once a month for the families she serves.

B. There are 89 families. The staff ratio is 1 home visitor for 10-12 families. The program staff consists of 1 director, 1 program coordinator, 1 education director, 8 home visitors, 1 secretary/bookkeeper, and 1 nutritionist. The home visitors are recruited from the communities they will serve.

C. Pre-service training includes lectures, discussions, role playing and demonstrations on Home Start policy and home visit and educational techniques. There are weekly in-service training and staff meetings.

D. Local social service agencies provide health and psychological services.

VII. A. The funding source is the Office of Child Development.

B. Each parent group elects two representatives to serve on the Parent Policy Committee which is the policy determinator for the program.

C. The project director is the administrative decision maker.

VIII. ABT Associates and High/Scope are the two groups responsible for program evaluation.

IX. A. Initiation date: 1972. Terminates July, 1975.

B. The child remains in the program until kindergarten.

C. The program contact person is: Mrs. Marty Martin, Home Start, Division of Day Care and Child Development of the Center for Human Resources, 2084 Cornell Road, Cleveland, Ohio, 44113.

ARVAC, Incorporated
Dardanelle, Arkansas Home Start

I. This program is designed for children between 8 months and kindergarten. Home Start children can be incorporated into ARVAC's Head Start program.

II. No formal needs assessment was conducted.

III. A. The objectives of this program are to encourage and instruct parents in working with their children to increase learning abilities, establish emotional stability and start their children off toward becoming responsible members of the community.

B. The goals are as broad as the program itself and include:

1. To involve parents directly in the educational development of their children.
2. To strengthen parental capacity for facilitating the general development of their own children.
3. To assist families in assessing the health and nutritional needs of their family members and plan to meet those needs.
4. Assist the family in remediating any psychological, social and behavioral needs of the focal child.
5. To assist parents in understanding the need and value for oral communication and to help them develop the necessary skills for good language development of their child.

IV. ARVAC has been involved in anti-poverty programs for the Dardanelle area since 1965. The economic situation is one of poverty for most of the focal families in the rural setting of the eight counties this program serves. The program is designed for "normal" children and specially handicapped. Through screening exams (health and developmental) much referral work is done to local agencies that also serve along with ARVAC. Most of the children in the program are Caucasian.

V. A. Cognitive skills developed by the program involve counting, measuring, serialization, simple memory recall recognition tasks, discriminations of various types and language skills.

B. No mention from evaluation materials is made concerning affective areas.

C. Psychomotor skills involve use of eating utensils, coordination (eye-hand) involving drawing, coloring and gross-motor involving exercises and play activities (running, hopping, etc.).

SI

VI. A. The home visitor is the main source of program implementation; she meets weekly in the homes of her clients. The target of instruction is the parent who develops her abilities as a teacher.

B. Since this Home Start is a part of several efforts being incorporated by ARVAC the exclusiveness of certain staff members cannot be realized. Basic to the system however, is the home visitor, a paraprofessional who initially needs to be interested in the program, willing to be trained, and feel the need to work diligently once trained. The staff to family ratio is 1:12.

C. Pre-service and weekly meetings plus in-service workshops constitute the major portion of staff training. The program has a career development system and an A.A. degree can be earned in Early Childhood Education by those staff who so desire.

D. & E. Local agencies are involved with the program from a referral standpoint. VISTA is also involved.

VII. A. The program is funded by a grant from Office of Child Development.

B. Policy is determined by administrative personnel. Suggestions for policy changes come from staff and parents through committees on which they serve.

C. The director serves as the decision maker.

VIII. A. & B. The program is still in operation, they train other individuals, put on workshops, have curriculum materials available and have evaluation material available for inspection. Program evaluation is done through OCD by ABT Associates, Cambridge, Massachusetts, and High/Scope, Ypsilanti, Michigan.

C. Several evaluation/data forms were generated by the staff for their needs.

IX. A. This program started in 1971 but ARVAC has been involved in other programs since 1965.

B. A child can conceivably be in the program from 8 months of age through kindergarten.

C. Contact with the program is through: Director, ARVAC, Incorporated, Home Start, Dardanelle, Arkansas, 72834.

X. Along with evaluations and reports the staff produces the *Parent Manual* which outlines parent responsibilities and *Procedures* which outlines and describes the system as it is currently implemented.

Fairbanks, Alaska Home Start

I. The ages of the children in this program range from 3 to 5 years.

III. A. The major goals for parents are general education regarding nutrition, health and normal child development.

B. The major goal for the children is to introduce the types of skills needed for school as well as the improvement of general nutrition and health for each child.

IV. A. Children's age: 3 to 5 years.

B. Families are lower income.

C. All families are from rural areas and small towns around Fairbanks, Alaska.

D. The ethnic group breakdown for the program is 60% Caucasian, 2% Black, 2% Mexican American and 6% Alaskan Indian and Eskimo.

V. There are no specific cognitive or affective goals. The program aims for general development with the region's particular difficulties and assets in mind (example: long winter—close family living area). The program emphasizes the child's own culture and background and encourages pride in traditional skills and way of life. Better nutrition and health are an important goal.

VI. A. There is one home visit per week for at least 1½ hours. In Alaska there is a very high cost of living, so the home visitor spends time giving hints on how to make nutritious meals on a limited budget. The program formerly made use of the Toy Lending Library idea but toys are being phased out and being replaced by materials found in the home from which toys and educational aids can be made.

The children in the program all receive physical examinations. Due to the tremendous cold, many children have hearing difficulties which lead to speech diffi-

culties. The families of the children with hearing problems are referred to a state agency which not only helps the children, but provides workshops for the parents as well.

Group meetings are held every four to six weeks. They last about 2½ to 3 hours and address nutrition, health, educational and social problems of the area. The men are very much involved because they are seasonal workers and are at home much of the winter.

B. The home visitor to family ratio is 1:11-14. The staff is composed of 1 director, 1 home start coordinator, 5 home visitors, 1 secretary, 1 clerk typist, 1 part time nurse*, 1 part time business manager*, and 1 part time parent coordinator*. (*Back up help from Head Start)

C. No specific educational requirements are made for the staff. Two mornings a week are in-service training days. Staff receive instruction in early childhood education from a University of Alaska professor.

VII. A. The funding source for this program is the Office of Child Development.

B. There is a Policy Committee composed of 51% parents and 49% community people who determine policy for the program.

C. The administrative decision maker is the project director.

VIII. ABT Associates and High/Scope are the two groups responsible for program evaluation.

IX. A. Initiation date—October, 1972. Terminating date—July, 1975.

B. Children can remain in the program until kindergarten.

C. The program contact person is Mrs. Wesken Holmes, Box 724, Fairbanks, Alaska, 99701.

Fort Defiance, Arizona Home Start

I. The ages of children in this program are 3 to 5 years.

II. This project serves the Navajo Indians only. It was organized to help raise the standard of living of the Indians as well as to help the children make an easier adjustment to the school life.

III. A. The major goals for parents are to increase knowledge of basic nutrition and health principles and simple educational skills their children would need for school.

B. The goals for children are to increase language skills in both Navajo and English and to improve basic nutrition and health.

IV. A. Age of children: 3-5 years.

B. All the families are lower income.

C. This program is located in a rural area.

D. All the families in the program are Navajo Indians.

V. All of the general educational training received is bilingual and bicultural with emphasis on things which are important in the Navajo culture, for example the land, weather, animals, etc.

VI. A. There is one home visit per week for 1-2 hours. The Toy Lending Library concept is used. The main emphasis is on nutrition and health because living is very crude. There are occasional group meetings. Home visitors see that all of the children have physical examinations.

One unique aspect of this program is that the territory is divided into 4 areas, each of which is assigned its own professional home visitor and one paraprofessional aide who lives in the area where she works. The home visitor calls on a family one week and the aide calls the next week. As aides gain experience they are given families to call on as their own.

B. There are 72 families. The staff to family ratio is 1 home visitor and 1 aide to 18 families. The program staff consists of 1 Home Start coordinator, 4 home visitors, 4 parent aides, and 1 secretary. Each of the 4 home visitors have some college training.

C. Staff pre-service training was unique—a 3 day camp out in the old Navajo way to learn the life style and needs of the families. The goals and procedures of Home Start are also discussed.

There are bi-weekly in-service training meetings with speakers from the Navajo Community College's Early Childhood

Education and Technical Assistance program.

VII. A. The funding source is the Office of Child Development. Funds are administered by the Office of Navajo Economic Opportunity.

B. No information available.

C. The administrative decision maker is the Home Start.

VIII. ABT Associates and High/Scope are the two groups responsible for program evaluation.

IX. A. Initiation date—April, 1972. The program terminates in July, 1975.

B. A child stays in the program until he/she goes to boarding school.

C. The program contact person is: Ms. Pauline Marshall, Office of Navajo Economic Opportunity, Box 589, Fort Defiance, Arizona, 86504.

Program For Progress
Franklin, North Carolina Home Start

I. This program is designed for families with children between the ages of 3 to 6.

II. The center developed a need assessment form in which the problem areas: material (housing, employment, finances, legal, food) health education, social services (family relations, community problems, alcoholism, drugs, etc.) are located in terms of what the family thinks they need. This was then related to an activity plan for meeting the identified needs. The objectives flow from the assessment of family needs. There is also a form for community needs assessment.

III. A. The objective for parents is to help strengthen them in their capacity for facilitating the general development of their own children.

B. For children, the objectives are in the Health domain. There are also specific objectives for children in the mental and social realms.

C. A general objective is to demonstrate and evaluate methods of comprehensive child development services to children and parents for whom a center based approach program is not feasible.

IV. A. Families with children between 3 and 6.

B. Low income, meeting OEO guidelines.

C. Macon is a county in a rural area. The region's main industry is tourism.

D. The population of the county is 98% White.

V. A. The learning aptitude profile developed at the University of North Carolina at Chapel Hill by Ann Sanford (see bibliography) provides specific skill dimensions in the cognitive domain such as: Follows simple directions, recognizes names, identifies rhyming words, recognizes shape, etc.

B. Social development is indicated as a goal.

C. In the psycho-motor domain, such activities as eating and dressing, jumping, skipping, climbing, holding scissors correctly, etc. are indicated.

D. In the first year of the program (1972-1973) great emphasis was placed on health because of the lack of availability within the county of adequate medical services.

VI. A. The program is essentially a home visit program in which a paraprofessional home visitor goes to the home and works with the mother to: (1) emphasize various approaches in early child development, (2) shows ways of using the child's regular environment for teaching, (3) demonstrate ways to turn every day experiences into constructive learning ways, (4) encourage the child's language. The home visitor also provides the family with specific information about health and nutrition and the various resources in the community and how to use these resources.

In addition there are parent group meetings in each of the 3 communities involved in the county at least twice a month.

B. The staff ratio is approximately 1 home visitor to 12 families. The staff includes a director, a nurse, a parent coordinator and 6 home visitors. This group serves anywhere from 56 to 72 families who have been recruited. The goal is 80 families with a total of 200 children (10% disabled). The director possesses a BS degree

in Early Childhood Education. The nurse is an LPN. The home visitors are paraprofessionals.

C. Staff training is provided for the paraprofessionals on in-service basis once a week. The main vehicle is lesson plans which grow out of the LAP materials from Chapel Hill. In addition, there is some pre-service training of the staff.

D. The major agency responsible for the program is MACON Program for Progress. The nurse serves as a link between the families, doctors, and public agencies, such as the County Health Department which provides the appropriate health backup. All the social service agencies in the county contribute on a referral basis.

E. The parents themselves are involved in policy making through the Home Start-Head Start policy council. One parent from each of the community parent groups (3 groups) serves on a policy council which determines policy not only for Home Start but also for its parent program, Head Start.

VIII. A. The responsibility for program evaluation of the Home Start program rests nationally on the High/Scope, ABT Associates and Development Associates of Washington, D. C. A number of product measures have been used including the Denver Developmental Schedule. Materials on national evaluation are available from ABT Associates.

B. The learning aptitude materials also serve as process measures of achievement.

IX. A. The program was begun in 1972 and is ongoing. Visitors are welcome and the director has indicated that training has been provided to such visiting groups.

B. The families can be in the program from the time their children are 3 until they are 6.

C. The program contact person is Mrs. Esther C. Cunningham, Home Start Director, 50 E. Main St., Franklin, North Carolina, 28734, phone: (704) 524-4471.

X. There are some mimeographed materials available. The basic description of this and all Home Start Programs may be found in the Office of Child Development publication, *A Guide for Planning and Operating Home Based Child Development Programs*, June, 1974, DHEW Publication No. (OHD) 75-1080.

Gloucester Home Start

I. The program is for families of children ages three to five.

II. A pilot program in 1971, conducted by Rose Margosian, Gloucester's Head Start Director for eight Head Start families, laid the groundwork for the present Home Start program.

III. Overall goals of the program, similar to all Home Start programs, are to help families receive social services, nutritional education and services, psychological services, and to help parents take an active role in the education of their own children.

IV. A. Children in the family between ages three and five are the "focal children", but the program serves the entire family. There are 65 families currently being served with a total of 143 children under 18 years of age.

B. The population is low-income.

C. It covers a five-town area around Gloucester, Massachusetts. This is a small urban area known largely for commercial fishing and manufacturing.

D. Most of the families are Caucasian but there are strong ethnic and social groups within the population, including Greek, Italian, Anglo-American and Portuguese families.

V. Specific skills to be developed for children are not spelled out; the program has general goals.

VI. A. A home visitor makes weekly visits to each family in the program. She assesses family needs and makes referrals, and assesses the developmental level of the focal child and provides learning activities for him/her. Since social and health services are minimal in the Gloucester area, Home Start has arranged for health examinations from both Cape Ann Medical Center and private doctors. Pediatric interns from Boston Children's Hospital have also been making home visits.

As a part of their nutritional services, home visitors have arranged for families to obtain surplus commodity foods. The educational component includes a Toy Lending Library (including toys, books, and live animals) and a Materials Workshop where staff and parents can make games from "beautiful junk". There are also parent meetings on a variety of topics including movement education and drama. The program has recently initiated the use of Montessori activities for the children (pouring beans from cup to cup, etc.)

B. The staff to family ratio is 6 home visitors to 65 families or about 1:11. The home visitor is a paraprofessional from the target community. There is a Director, a Coordinator of Home Visitors, a Family Services Coordinator, and a Secretary.

C. There is an intensive three-week pre-service training program for Home Visitors. It includes sessions on Parent Effectiveness Training (Tom Gordon) and a review of the DARCEE *Guide for Home Visitors*. Following pre-service training the Home Visitor gradually begins working with a few families at a time and builds up to a full load of 11 or 12 families. In-service training continues to be held two afternoons a week, one of which is devoted to curricular and social service needs and the other to psychological aspects of the program. Group therapy and counseling training conducted by a local psychiatrist has been a part of this training. In August, 1972, three members of the Gloucester Home Start staff initiated inter-program training and technical assistance by spending a week on-site at the Fort Defiance, Arizona (Navajo) Home Start Program. This procedure has been subsequently used by a number of Home Start programs.

D. The agency responsible for delivery of services is Action, Inc., the local C.A.P. agency.

VII. A. Funding is from the Office of Child Development, H. E. W.

B. Policy is determined by a Parent Policy Council of elected representatives from the parents in each Home Visitor's subgroup of families.

C. The administrative decision maker is Elizabeth Stressenger, Home Start Director.

VIII. Program evaluation is being conducted by High/Scope and ABT Associates as a part of the National Home Start evaluation.

IX. A. The program began in 1972 and is ongoing.

B. The instructional period is from two to three years depending upon the age of the child at entry to the program.

C. The program contact person is Elizabeth Stressenger, Director—Home Start, 3 Center Street, Gloucester, Massachusetts, 01930; phone (617) 283-2008 or (617) 283-0108.

Clinch-Powell Educational Cooperative
Harrogate, Tennessee Home Start

I. The Home Start program administered by this cooperative serves children from age 3 through 5 years.

III. Broadly defined, the goals and objectives of the program are to:

1. Involve parents in the educational development of their child.
2. To facilitate (in parents) their capacity to aid general development of their own children.
3. To demonstrate and evaluate methods of delivering comprehensive child development services to children and parents for whom a center-based program is not feasible.
4. To determine the relative costs and benefits of center and home-based comprehensive early childhood development programs.
5. To provide children with the opportunity to socialize with other young children and participate in a group process.
6. To promote a positive self concept, awareness of self, creativity and other related factors in the target children.
7. To promote various cognitive abilities, language and other abilities in the target children.

IV. As stated previously, the age of the children ranges between 3 and 5 years. Families are

Caucasian and live primarily in a rural area or small town. Almost one third of the target families live on a farm. The total program has no income restrictions but most families are within the two lowest classes on the Hollingshead Index of social class level.

V. A. Measuring liquids/solids, discrimination of color, size, texture, spatial and temporal orientation are included along with number skills and language skills of expressive and receptive nature make up the skills to be developed in the cognitive areas.

B. Affective components include self concept and clarification of feelings from the group social training.

C. Balancing, running, throwing/catching are a few of the skills developing psychomotor functions generally requiring eye-hand coordination, gross and fine motor control.

VI. A. The methodology of the program involves three interrelated phases:

1. A daily television program (CBS T.V. "Captain Kangaroo") with supporting material from the staff of the project.
2. Home visitors working with the parents weekly to develop their skills as teachers and to deliver any needed materials. These paraprofessionals also serve as sources for referral and advice on related matters such as nutrition and health.
3. Weekly classroom experience for the children. Mobile classrooms (VANS) are used only when a stationary center (school or church) is not available.

B. Since the actual number of families served by Home Start in this program is 80 with 100 children the home visitor visits between 8 and 15 families per week depending on her location in the four county area this project serves. The ratio then varies, 1 home visitor for 8 to 15 families. An early childhood teacher, a paraprofessional assistant and 5 home visitors comprise an instructional team that serves 125 to 150 children. The staff has 3 teams serving 375 children in the total ECE program. Administrators and other supervisors are present as well as the planning and implementation of the program.

C. The staff are trained additionally by weekly in-service sessions and originally trained in various systems by pre-service workshops and in-service activities. Many staff members participate in college credit courses to improve their skills and abilities within the program.

D. The total program is called the Early Childhood Education Program (ECE). The Home Start portion of this has developed a Directory of Social Service Agencies to coordinate referral and other services available for assistance such as Health Department, Social Security Office, Welfare Department, Public Housing Authority, Vocational Rehabilitation Center and other agencies that can assist parents in the program.

E. P. A. C. is involved in the program, as well. CBS T.V. network supplies previews of programming for "Captain Kangaroo" so the staff can produce the Parent Guides for the program.

VII. Home Start is funded by the Office of Child Development. The policies were determined and outlined in the original proposals for funding in 1971. Changes are brought about by participation at every level (administrative, teacher, aide, etc.) due to weekly meetings. In addition, the parents have a "council" that meets periodically and therefore have a voice in the program they are a part of with their children.

VIII. The effectiveness of the program is evaluated in summary form as follows:

1. Peabody Picture Vocabulary Test
2. Metropolitan Readiness Test
3. Parent Questionnaire
4. Parent Evaluation
5. Parent Social Behavior Rating Scale
6. Home Visitor Social Behavior Rating Scale
7. Van Teacher Social Behavior Rating Scale
8. Parent Evaluation
9. Teacher Evaluation
10. Demand for materials from outside agencies (now being distributed to 56 early childhood programs in the United States and a few foreign countries as well).

The children in the program scored significantly higher than a group of control children on the Peabody Picture Vocabulary Test and the Metropolitan Readiness Test. They were also rated as having significantly higher positive social traits and significantly lower neg-

ative social traits after having been in the program. It was also found that parents showed greater knowledge of what is expected of the child by schools and were more willing to spend time on their children's learning activities.

IX. The total program was started on July 1, 1971 and the program is ongoing. It serves children and families for up to three years. The contact person is Frank W. Skinnell. The address is Home Start, Clinch-Powell Educational Cooperative, P. O. Box 97, Harrogate, Tennessee, 37752. The phone number is (615) 869-3605.

X. Various communications involving program description, program summaries, final reports, parent guides, brochures, etc. are available through the program's contact person.

Houston, Texas Home Start

I. The age of the children in this program ranges from 3 to 5 years.

II. No information available.

III. No information available.

IV. A. Age of children: 3 to 5 years.
B. All families are in the low income category.
C. The program is located in a large urban area.
D. The ethnic breakdown is 50% Caucasian, 60% Black, and 35% Mexican-American.

V. No information available.

VI. A. There are two home visits per week of one hour each. Home Start has its own bilingual tapes, films, and puzzles which are used. Each home visitor has monthly group meetings for her families. Social service coordinators visit their families bimonthly and coordinate referrals, transportation and other non-direct services. They are also responsible for Home Start record keeping. Home visitors keep charts on the progress of each child via an activity log of each visit. Nurses coordinate with home visitors and social service coordinators on health problems, provide follow up and maintain health records.
B. There are 80 families. Staff to family ratio is 1 home visitor to 10 families, and 1 social service coordinator to 40 families. The program staff consists of 1 program coordinator, 2 social service coordinators, 8 home visitors, 1 part time secretary, and 1 nurse.
C. Pre-service training — no information available. In-service training occurs at weekly meetings.

VII. A. The funding source is the Office of Child Development.
B. No information available.
C. The administrative decision maker is the program coordinator.

VIII. ABT Associates and High/Scope are the two groups responsible for program evaluation.

IX. A. Initiation date—April, 1972. The program terminates in July, 1975.
B. A child remains in the program until kindergarten.
C. The program contact person is: Ms. Ella Gudry, Home Start, Harris County Community Action Association, 6300 Bowling Green Street, Houston, Texas, 77021.

Top of Alabama Regional Education Service Agency
Huntsville, Alabama Home Start

I. The ages of the children involved as focal children in this project are between 3 and 5 years.

II. This Home Start program's need was determined through the use of educational needs assessment done for the 5 county area by the Human Resources Division of the Top of Alabama Regional Council of Governments (TARCOG) now known as TARESA. The census data for the region and other information from the Department of Pensions and Security, Community Action Agencies and Health Department assess the needs for the program.

III. TARESA, as one of the 16 demonstration programs funded by the Office of Child Development, has set goals and program objectives that include a range of services and benefits for the parents of focal children. In addition to assisting one of the parents in child reaching abilities the program considers other family related topics such as consumer and legal problems, menu planning, sewing, grooming, and studying for high school equivalency. The program also lets the parents (in groups) have an active role in special projects designed to benefit their children as a group. For the parents, the program stresses using the program as a learning tool rather than for present need gratification.

The general goals and objectives for the children are similar to other such programs. By early intervention with an assisted parent the child can be stimulated and developed in areas that will be very useful to later learning. Cognitive skills, language abilities, motor training and health maintenance are the basic areas of interest for this program's focal child. All of this is aimed at eventually meeting Head Start Performance Standards.

IV. The population served by this program includes 16 of the program's 24 four year olds, and 70 five year olds. 16 of the program's 110 children have some special problem either physical or emotional. The ethnic balance has 48 Caucasian families and 62 Black families enrolled in the program. Most of the families have one parent employed where 21 families are under $2,000 per year, 34 are between $2,000 and $4,000, 16 are between $4,001 and $6,000 and 5 are over $6,000. Most of the families are in some other Federally sponsored program.

This upper area of Alabama (5 counties) is typically Appalachian both physically, (flat lands to rolling hills) and economically.

V. The focal children receive aspart of the design the Captain Kangaroo pogram and the guides developed by the Clinch/Powell Home Start in Harrogate, Tennesse. Through this alone, cognitive and languageskills (both expressive and receptive) are developed. The home visitors and teachers develop some of their own curriculum materials and center on the home as a teaching environment for learning experiences. Pre-reading skills, counting, measuring, color and size discrimination, and sorting are a few of the cognitive abilities being developed. Psychomotor skills involve fine motor coordination (finger-puppets, etc.), group coordination and following an acting leader (dance and pantomime to T.V. program).

VI. A. Home visitors living in the community where the families are enrolled make weekly 1 to 1½ hour visits and serve as primary deliverers of theservices of the program. Among other materials delivered are the Parent Guidesfor the Captain Kangaroo T.V. programs used in this system. Three teachers woking as a team conduct weekly ½ day grup learning experiences for children ineach of the 6 communities.

B. Each home visitor has roughly 14 families on her case load. Paraprofessionals serve as the home visitors upon completion of their training and partiipation in in-service workshops.

Teachers are professionals with prior experience in similar progams. Administrative and secretarial personnel comprise the staff.

C. Training of home visitors is a function of pre- and in-service worksops. The pre-service component lasts 2 weeks, includes lectures, films, demonstration, role playing, evaluation procedure,how to talk to and with parents, how to maximize T.V., nutrition, health, resource referrals and recording keeping. In-servie meetings are held monthly and a coordinator may visit the home with the home isitor as well.

D. The major outside component of the program is the presentation of "Captain Kangaroo". This is supplemented by a Parent Guide prepared in the Clinch/Powell Home Start, Harrogate, Tennessee.

VII. A. The program is funded by the Office of Child Development (Washington, D. C.).

B. Policies are determined by administrative personnel along the Office of Child Development guidelines. Staff participation in such matters functions as the staff and home visitors meet monthly. The parents in their community meetings select members to represent them at the Program's Advisory Council which is in part responsible for such determinations and directions.

C. The Executive Director serves as the decision maker in this program.

D. Staff is roughly organized in a hierarchy of:

1. Volunteers
2. Home Visitors
3. Teachers
4. Coordinator
5. Nutritionist/Teacher
6. Supervisor/Child Development
7. Secretary
8. Executive Director (apart from program)

VIII. A., B., & C. The information provided for this summary did not contain evaluation instruments, discussion, or references.

IX. A. This program started in 1972 and is ongoing.

B. Presently a three year old can stay in the program three years, a four year old can stay two years, a five year old can stay one year.

C. For further information, contact Home Start, Kyo R. Jhin, 2603 Leeman Ferry Road, S.W., Huntsville, Alabama, 35801.

X. The National Home Start Office (Washington, D. C.) has information concerning this program.

Millville, Utah Home Start

I. The Home Start Program serves families with three- and four-year-old children.

II. No information is given on how the need for the program was established. Each family fills out a needs assessment form during the first few visits by the Home Visitor.

III. A. Objectives for parents are to involve parents directly in the educational development of their children; to help strengthen in parents their capacity for facilitating the general development of their own children; to provide parents with health and nutrition education; and to assist in promoting within the parents a feeling of accomplishment and self-worth.

B. Objectives for children include aiding their general development; providing health services; and reducing or eliminating feelings of frustration and failure by providing children with a series of success experiences.

C. The goal for the program is to develop a realistic training program for parents.

IV. The program serves 80 families in a three county area of northern Utah. Some families have both a three- and four-year-old, so they are both counted as "focal child." These families live either in small towns or rural areas. Of the eighty families, eighteen are families with only one parent in the home. In 1974-75 there were five Spanish-American and two American Indian families in the program. All families are low-income.

V. A. There is a listing of ten specific cognitive goals for children in the program, including knowledge of colors, recognition of their first names, number, size, time and shape concepts, and language development.

B. Affective goals include social development and specific objectives in a *Healthy, That's Me* curriculum.

C. Psychomotor objectives include physical development (jumping, crawling, galloping, etc.), small muscle development, and practical daily tasks (buttoning, zipping, etc.).

D. Nutrition and health objectives include eating habits, cleanliness, health and safety hazards, health records, grooming, and community services.

VI. A. Paraprofessional home teachers make 1-1½ hour weekly home visits. These home visits are supplemented by weekly classroom sessions. First and third Fridays, the Home Teachers are in charge of the children while on the second and fourth Fridays, parents serve as teachers. The parents receive additional training through workshops at the Center on nutrition, health, and child psychology held Friday mornings.

B. Each teacher has a case load of 10-12 families.

C. A workshop is held for Home Teachers the last week in August each year. In addition, biweekly group training sessions are held during the year at the Center for the eight Home Teachers. Staff also attend state-wide training meetings.

D. The Northern Utah Operation Home Start /Head Start Program is responsible for delivery of services. There is a staff and Parent Policy Council.

E. A number of other health and social service community agencies provide support services for the program.

VII. A. The program . . Home Start Demonstration Program funded by the National Office of Child Development, Department of HEW. There is no specific information on cost per child, but the budget is $100,000 for serving 80 families.

B. Policy is determined by the staff and Parent Policy Council.

C. Sheri Noble is director of both the Head Start and Home Start programs. An Education Coordinator works directly with the eight Home Teachers. Resource consultants for these teachers are nurse, nutritionist, psychologist, and social service supervisor.

VIII. Each child is tested in September and again in May. Also the Home Teacher makes written monthly and yearly reports of progress for each family. Tests include the Peabody Picture Vocabulary, Pre-school Motor Survey, Visual Motor Integration, Bohem Concept Test, and Parent Attitude Survey. Information on results is not available at the present time.

IX. A. The Program began in March 1972.

B. The Program operates from September 1-June 1. A four-year-old would be in the program for one year while a three-year-old could stay for two years. Visitors are welcome and training is available for others who would like to implement the model. A training package which will consist of a multimedia presentation will be completed by mid-summer, 1975.

C. The program contact person is Ms. Sheri Noble, Head Start/Home Start Director, 67 South Main, Millville, Utah, 84326. Telephone number: (801) 753-0951 or (801) 752-7721.

X. Home Start Curriculum Guide, Northern Utah Head Start/Home Start Program, Millville, Utah.

West Central West Virginia Community Action Agency
Parkersburg, West Virginia Home Start

I. The program is for children between the ages of 3 and 5 but it serves younger and older family members as well.

II. There was no local needs assessment performed. The general view of the importance of reaching low income families represents the need.

III. A. To improve parent-child relationships, thus enabling parents to become better educators of their children by utilizing in the homes trained home visitors who have the skills necessary to effect this improvement.

B. To increase cognitive, perceptual, physical, social and emotional development of all pre-school children in each Home Start family so that they are able to perform standardized tasks at a level acceptable for their age group.

C. 1. To provide physical exams, dental screening and follow-up treatment of children of 157 Home Start families, 0 to 6 years of age; if feasible, provide health care to other family members in the program through referrals.

2. To provide nutrition education to the parents in the Home Start program

in order to overcome the problems relating to unbalanced meals, food planning and budgeting, consumer education and traditional food taste preferences that are not nutritional.

3. To provide social and psychological services by training home visitors to recognize family problems and by referring the family members to the existing services.

The above objectives are in addition to the national objectives described in the Introduction to Home Start section.

IV. A. Age of children: 3 to 5 years.

B. All families are in the low income group.

C. The area is rural (nine counties in West Virginia).

D. All families were Caucasian.

V. The specific skills for children are not spelled locally but the general goals are comprehensive for cognitive, affective, psychomotor development and for the improvement of health and nutrition. Specific measurements are included in the National Evaluation of Home Start.

VI. A. The basic delivery system is one home visit per week by a paraprofessional home visitor. This visit lasts about two hours. Seventy percent of the time during the home visit is devoted to showing the parents educational techniques: how to teach and what materials to use. The rest of the time is spent dealing with whatever problems the family has. The home visitor tries to involve all age groups in the family from infant to grandparent. Home visitors organize activities of interest to every age range. Each home visitor utilizes methods of instruction she considers appropriate so that there is no single philosophical orientation for instruction.

In addition to the home visits there are monthly newsletters, parent meetings, and parent-home visitor workshops which include first aid courses, materials on family and home health education, and nutrition. The group experiences for the parents of children include studies of growth patterns of children from 0 to 6 (theories of development, child study techniques, principles of development, learning growth patterns). The workshops are held in a central location and transportation is provided through the West Central Rural Transportation System.

On the initial visit the home visitor uses prepared forms for child history, child assessment, family needs assessment, health, and parent training questionnaire so that she can match the content and method of her instruction to family needs.

B. The personnel consists of 1 staff person for 8 families. There are 120 families. The staff consists of 1 project coordinator, 1 assistant coordinator, 1 health coordinator, and 18 home visitors. In addition, students from the West Virginia School of Social Work are placed with the Home Start program for four month placements to work with home visitors and families in the delivery of social services.

C. Pre-service training—There was a two-week pre-service training program covering health care, first aid, personal hygiene, and nutrition. Pre-service training for new staff also includes: (1) orientation to the objectives of the program, (2) exposure to concepts and techniques necessary to develop cognitive and language skills, and to improve the emotional and physical well being of pre-school children and their parents, (3) techniques to help parents to deal more effectively in the areas of education, nutrition, and health, to utilize social service agencies, to utilize materials within the home and (4) methods of interpersonal relations and human relations.

There is continuous in-service training to enhance these skills. This in-service training is on a once a week basis and the schedule is a carefully planned one, including the use of consultants from local agencies, universities, and the National Office of Child Development. The home visitors are paraprofessionals.

D. The basic agency responsibility for delivery of services is the Home Start Agency of the Community Action Agency.

E. There are working relationships with West Virginia University, local doctors and dentists, State Department of Health, State Department of Welfare. As in all Head Start programs, there is a policy council of the parents involved in decision making.

VII. A. The funding source is the Office of Child Development.

B. Each county has a Home Start Parent Committee (only parents) and also a Home Start Policy Committee (parents and staff). Policy determination is made through these committees.

C. The administrative decision maker is the policy coordinator, Mrs. Susie Pahl Bradley.

D. Staff organization—see VI. B.

VIII. A. The program is being evaluated as a part of the national evaluation.

B. Locally there are various measures used for process. These are basically: Schedules of In-Service Training, an elaborate Family Information Form, Child History Form, Quarterly Family Needs Assessment Report, and a Quarterly Family Activity Report. In addition, parents indicate areas in which they desire further training.

C. Instruments have been mentioned above in relation to process.

IX. A. Initiation date—1972. The program terminates June 30, 1975.

B. Families can be involved for a maximum of two years.

C. The program has developed some training sessions, available for outside personnel. For example, some training sessions are available for employed social service personnel who have on the job experience and who exhibit basic home visiting skills but need further training in the development of ways to teach adults in the home to work with children will be held on June 23-27, 1975 and July 7-11, 1975. Child development program directors and component supervisors can participate in the last day and a half of the above sessions. This training is at no tuition cost but enrollment is extremely limited. For information contact West Central West Virginia Community Action Association, Incorporated, P. O. Box 227, 804 Ann Street, Parkersburg, West Virginia, 26101. Phone: (304) 485-4455, extension 23. The program contact person is Mrs. Susie Pahl Bradley, Director, Home Start Program, at the above address.

X. Various mimeographed forms of the Schedule for In-Service and Pre-Service Training and a case study summary from the National Home Start Evaluation are available from the program.

Reno, Nevada Home Start

I. The children in the program are 3 to 5 years of age.

II. No information available.

III. A. The major goal for parents is to increase general understanding of normal child development, education techniques, and nutrition.

B. The goal for children is to increase general cognitive and psychomotor skills and improve the child's general health.

IV. A. Age of children: 3 to 5 years.

B. All families are in the lower income category.

C. The program is located in a medium sized urban city.

D. The ethnic breakdown is 70% Caucasian, 13% Black, 12% Mexican-American, and 5% Indian.

V. No information available.

VI. A. There is one home visit per week for one hour as well as biweekly group meetings with parents to discuss first aid, nutrition and early childhood education. The staff developed "Parent Guides" to use in conjunction with the television program "Sesame Street". Home visitors also use the Far West Learning Model.

B. There are 71 families. The staff to family ratio is 1:9-10. There are 9 part time staff members and 9 full time staff members including a director and 8 home visitors. One of the home visitors is male and the parents and children were in general quite pleased with this innovation. Some of the part time staff are shared with Head Start.

C. There are two weeks of pre-service training on early childhood education, avail-

able local services, interviewing and techniques and a description of the Far West Learning Model. In-service workshops are held weekly.

VII. A. The funding source is the Office of Child Development.

B. No information available.

C. The administrative decision maker is the project director.

VIII. ABT Associates and High/Scope are the two groups responsible for program evaluation.

IX. A. Initiation date—July, 1972. The program terminates in July, 1975.

B. A child can stay in the program until kindergarten.

C. The program contact person is: Mr. Jack Peters, Home Start, Economic Opportunity Board of Washoe County, 195 N. Arlington Avenue, Reno, Nevada, 89501.

San Diego, California Home Start

I. The children in this program range in age from 3 to 5 years.

II. No information is available.

III. No information is available.

IV. A. Age of children: 3 to 5 years.

B. All families are in the low income category.

C. The program is located in a large urban area.

D. The ethnic breakdown is 10% Caucasian, 5% Black, 65% Mexican American, 5% Indian, and 15% Oriental.

V. Children are taught bilingual skills in their own language and English. Strong emphasis is placed on nutrition and health.

VI. A. The bilingual magazine "Heads-Up", published by the Junior League and Head Start, is available to all families. Home visitors use P.E.T. principles in education training. Home visitors instruct families in what local services are available and assist them in using these services. Group meetings are held occasionally.

B. The staff to family ratio is 1:10. The program staff consists of 1 director, 1 secretary, 6 home visitors, and 1 resource specialist.

C. Staff pre-service training includes role playing in a Head Start parent's home. It also includes instruction in availability of community services and how to use them.

VII. A. The funding source is the Office of Child Development.

B. No information available.

C. The administrative decision maker is the project director.

VIII. ABT Associates and High/Scope are the two groups responsible for program evaluation.

IX. A. Initiation date—November, 1972.

B. A child can stay in the program until kindergarten.

C. The program contact person is: Mrs. Mary Clark, Home Start, Economic Opportunity Commission, 861 6th Avenue, San Diego, California, 92101.

Texas Home Start: Texas Migrant Council
Weslaco, Texas

I. The program services families with children in the age range of 3 to 5 years.

II. Realizing the needs of the high concentration of monolingual Spanish-speaking families in the area, the program focuses on providing services to this group.

III. A. The following goals are established for the parents:

1. To provide parents and families with consumer education, to assist the parents in planning, buying, and preparing meals according to family needs.
2. To provide general health education in the areas of sanitation, good health habits, and safety procedures at home.
3. To provide psychological support and counseling to parents.
4. To assist parents in becoming better educators of their children.

B. Goals are established for children in the areas of auditory perception, visual perception, language and motor development.

IV. A. The children involved are between the ages of 3 and 5 years.

B. The families are in the lower socioeconomic status level.

C. The program focuses on families living in rural areas.

D. The target population is Spanish-speaking Mexican American.

V. A., B., & C. Specific skills are not provided in the materials reviewed.

VI. A. The primary link between the program and the participating families is the home visitor. Each weekly home visit consists of discussions in Spanish and English on topics within the areas of parental teaching, nutrition, health, social services, and parental involvement in the program. Active parental involvement is valued and a variety of topics are presented at monthly parent meetings.

Each home receives one visit per week for 1½ hours during which time the home visitor presents simple toys and games for the parent to use in instructing the child. Home visitors also integrate activities with "Sesame Street" as part of the curriculum.

B. The home visitor to home ratio is 1:12. The staff includes a trainer coordinator, 10 home visitors, and a secretary. All home visitors are bilingual and have some college training. Male and female home visitors are used in the project.

C. While no mention is made in available written materials of pre-service training for home visitors, weekly in-service training sessions are conducted. In-service training centers on development and preparation of materials to be presented in home visits. Role playing techniques are used to improve instructional skills.

D. The program maintains contact with social service agencies in the area to facilitate access to services needed by program families.

E. A parent advisory committee meets monthly.

VII. A. The program was one of several Home Start projects funded by the Office of Child Development.

B. & C. Apparently policy and administrative decisions are completed by the project director, staff, and parents involved in the project.

VIII. A., B., & C. Evaluation information is not provided in the written materials reviewed, but complete analysis of the outside evaluation is being conducted by ABT Associates and High Scope Research Foundation.

IX. A. The project was initiated in April, 1972 and is ongoing.

B. The children remain in the program until they enter kindergarten. The annual instruction period is one academic year.

C. Ms. Estella Aguilar, Home Start, Texas Migrant Council, Route 1, Box 454, Weslaco, Texas, 78596, is the program contact person.

Wichita, Kansas Home Start

I. Serves children ages three to five. Children who start at age 3 can be in the program for three years until they reach kindergarten.

II. There was no formal needs assessment; the project evolved from Head Start.

III. A. The Wichita program assists Home Start families to reach the goals they have set for their children and themselves. Each family's goals and needs are considered on an individual basis. Parent involvement is a major goal of the program, and there is a formal parent program built into the model. As with other Head Start models, there are two foci of the parent goals. One is educational and the other service delivery. There are goals in the areas of nutrition, health, psychological and social services, speech, and education. The three educational goals for parents are to increase the verbal interaction between parent and child, to increase the use of community resources, and to increase parental self-esteem.

B. Goals for children are primarily in the areas of nutrition and health (education about making healthy bodies as well as improving health and nutrition habits) and education in both cognitive and affective areas.

IV. A. The program is for children ages three to five.

B. Low-income families are served.

C. The setting is urban—Wichita, Kansas.

D. The population is approximately half Black, half caucasian, and there are 7 Mexican-American families enrolled.

V. A. The goals for children are for general development in all areas, not the learning of specific skills.

B. The affective goal is to increase the child's self-esteem.

VI. A. A home visitor visits the home of each family once a week for one or two hours, sometimes bringing with her some toys or books. Her role is that of enabler, helping the parent take over in the teaching role of the child. Home visits are supplemented by occasional field trips. Each home visitor and her group of ten families have monthly meetings which range from picnics to group discussions. This parent involvement is a highlight of the program. An elected representative from each parent group serves on the Parent Policy Committee which meets once a month and makes program decisions.

B. The home visitor to family ratio is 7:76, or approximately 1:11. Home visitors are paraprofessionals, typically from the target area. In addition to the home visitor there is a Home Start director, a social worker, a business manager, and an executive director.

C. There is a two-week intensive pre-service training program for home visitor focusing on policies and procedures of Home Start, conduct of home visits, budgets, community services, etc. In addition, there are monthly training sessions and weekly meetings with the Home Start Director. This training includes educational television classes at Wichita State University and Kansas State Teachers College.

D. The agency responsible for delivery of services is the Kansas Children's Service League which acts on behalf of the Community Planning Council.

E. Many other community service agencies cooperate with the program when families are referred to them.

VII. A. The Office of Child Development, HEW, is the funding source.

B. Policy is determined by a Parent Policy Committee.

C. The administrative decision maker is Helen Elizabeth Besser.

D. A hierarchy of staff is based solely upon length of service in the program.

VIII. A. Outside evaluation is being conducted by ABT Associates, Cambridge, Massachusetts and by High/Scope, Ypsilanti, Michigan. Summative evaluation takes place twice each year with a questionnaire to parents and testing of children.

B. Formative evaluation which looks at the process of program development, uses Weekly Visit Sheets filled out by Home Visitors and Daily Log by Home Visitors which records all activity and actions taken.

C. Measures include: Preschool Inventory, ETS Enumeration Test, Denver Develop-

mental Screening Test, Schaefer Behavior Inventory, High/Scope Home Environment Scale, 8-Block Sort Task, Parent Interview, Child Food Intake Questionnaire, Height and Weight and Nutritional Status of Child. Within the program parents have completed an evaluation form every 6 months. So far there has been a large response and comments have been favorable. There has been little turnover since the program began.

IX. A. Wichita Home Start began in 1972 and is ongoing.

B. The instructional period for clients is for two or three years.

C. The Program contact person is the Home Start Director, Laura Daniel, Home Start Program, 2120 North Broadway, Wichita, Kansas, 67214. The phone number is (316) 267-1045. Visitors are welcome. The program has been replicated by Vista Home Start, Seneca, Kansas.

A new proposal requesting funds for 1975-76 would begin a Home Start Center and have half or more of the children come into it. Those who cannot (about 30) would still have home visits from 3 home visitors.

X. There is a Wichita Home Start Personnel Policies and Procedures Guide and a Parent Participation Manual for parents of Home Start Children. Other materials include a Work Plan, Monthly Financial Budget, Lesson Plan, and Newsletter. All of these materials are available from the project at no cost.

Media Materials

Media Materials Designed for Professionals

Videotapes

I "Visual Pursuit and Object Permanence". The child's growing ability to recognize and distinguish objects, and to remember them and actively look for them when they are not in view are shown in four sequences that occur during the sensory-motor period: visual search, partial disappearance, complete disappearance, and invisible displacement. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (27 minutes).

I "Object Concepts During Sensory-Motor Stage 3". Key aspects of cognitive and perceptual growth are demonstrated by showing one child (from 5-8 months of age) interacting with one toy. Inadvertent simple and varied schema become clearly purposeful attempts to discover new ways to play with the toy. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (19 minutes).

Slides and Films

I "The Adventure of Early Childhood Education". An explanation of the Riles' Plan for comprehensive early childhood education in California. Available from Early Childhood Education Management Team, Dept. of Education, State of California, State Education Bldg., 721 Capitol Mall, Sacramento, California 95814. (30 minutes, color).

T "Behavior Modification". This film examines the steps involved in teaching psychotic children the functional use of speech, and discusses the need for correction of self-stimulation and destructive behavior before learning can begin. Produced by Appleton-Century-Crofts. (43 min. color).

I "The CFPR Sound/Slide Presentation". An overview of the Child and Family Resource Program, a program designed to provide family-oriented comprehensive child development services to children from the prenatal period through age eight in accordance with assessed needs. A sound/slide film (color) available from Education and Development Corporation, 1400 N. Uhle St., Arlington, Virginia 22201. Price: $28.50 (18 minutes).

I "The Early Years: Speech and Language Development". Kathryn B. Horton, Project Director. The Bill Wilkerson Hearing and Speech Center, Nashville, Tennessee, 1974. Includes: 5" audio reel.

I "Good Times". This film was a highlight of the April, 1972 First National Home Start Conference and describes the New Approach Method (NAM) program, which includes a preschool reading readiness and reading component. Available from Mr. Gregory Simms, The New Approach Method, 194 Brunswick Ave., P. O. Box 1303, Trenton, New Jersey 08618, (14 minutes, color).

I "The Home Start Sound/Slide Presentation". An indepth look at home-based services as demonstrated by Home Start programs throughout the country. A sound/slide film (color) available from Education and Development Corporation, 1400 N. Uhle St., Arlington, Virginia 22201, Price: $27.15 (15 minutes).

I "Learning is Joy". An informational film (produced by the Verbal Interaction Project and Synchro Films, Inc.) detailing the theory, operation, and dissemination of the Mother-Child Home Program. Available from Synchro Films, Inc., 43 Bay Drive West, Huntington, New York 11743. Price: rental—$25.00 for three days, purchase—$350.00 (26 minutes, color).

I "Playing for Keeps". This film describes the Florida Parent Education Program sponsored by the Institute for the Development of Human Resources. Available from Dr. Ira J. Gordon, Director, IDHR, 513 Weil Hall, University of Florida, Gainesville, Florida 32611 (20 minutes, color).

I "Rock-A-Bye Baby". This fascinating film examines some of the techniques psychologists use to weigh and measure mothering practices around the world. A 25 minute, 16mm (color) film available from Time-Life Films, 100 Eisenhower Drive, Paramus, New Jersey 07652. Price: rental—$30.00 for 2 days, $45.00 for 3 to 5 days; purchase $300.00.

I "The Verbal Interaction Project's Mother-Child Home Program". A film on this program (founded by Dr. Phyllis Levenstein), its cognitive and socio-emotional effects, and replica-

I = Informational
T = Training
P = Professional
L = Layman

tion throughout the country. Dr. Phyllis Levenstein, 5 Broadway, Freeport, Long Island, New York 11520. (516) 868-7770.

Media Materials Designed for Lay People

Videotapes

I "Babies Like Attention". Mothers spontaneously comment while watching videotape segments of themselves interacting with their children. The mothers discuss a variety of ways to encourage children, as well as the ineffectiveness of habitual praise. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (10 minutes).

I "Early Learning: An Introduction to the Stages of Development in Infancy". Using a minimum of technical language, the key infant (0-24 months) behaviors are illustrated for each of the six substages of development during the sensory-motor period. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (24 minutes).

I "Helping Babies Learn". Brief examples of mothers playing with their babies, sometimes successfully, at other times causing unforseen problems, are followed by a series of questions to be answered by the viewers. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (15 minutes).

I "Household Objects: Toys for Learning". This program offers a practical demonstration of how a household object can be used as an educational toy. A container is used to show a sequence of stages in the way an infant plays with materials during the sensory-motor period. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (17 minutes).

I "Learning Through Problems: A Baby's Point of View". Early sensory-motor behaviors are shown to be complex learning experiences for infants. What appears to be simple to an adult (e.g. activity such as reaching, holding, moving, or pulling) is demonstrated with ideas for how adults can assist in the baby's learning experience. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (16 minutes).

I "Learning to Talk: An Introduction to Language Development in Infancy". Beginning sounds, vocally responding to people, imitating sounds, and effectively using first words and phrases are the focus of examples used to demonstrate early steps in learning to communicate with words. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (25 minutes).

I "Opportunities for Learning". The theme is that children need materials for playing and learning, time to try things out, people to help and have fun with, and the freedom to learn on their own. This program also demonstrates the active process of exploration and discovery that is characteristic of most one- and two-year olds. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (26 minutes).

I "A Special Kind of Mother". This program is narrated by one of the project mothers. A special kind of mother can put herself in her baby's place and respond to her baby in a special way, not only taking care of the biological needs of the infant, but responding to needs for cognitive and intellectual growth as well. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (14 minutes).

T "The Role of the Home Visitor". This program provides an orientation to home teaching, and stresses the importance of respecting the ideas, suggestions and beliefs of the parents in order to share information and experiences. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (23 minutes).

T "Building a Relationship with Mother and Child". Because the mother is the key person in most home visit programs, emphasis is placed on the special care that should be exercised in establishing rapport with her and respecting her role with the child. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (24 minutes).

T "Building a Relationship with Family Members". The importance of the home visitor's sensitivity to the people around the baby is shown, directed toward the goal of helping

them to become active participants in the child's learning environment. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197 (25 minutes).

T "Problems Encountered by the Home Visitor". Examples of situations home visitors are likely to find as they work with parents are shown in order to stimulate discussion about how to conduct oneself in such situations. Available from High/Scope Educational Research Foundation, 125 North Huron Street, Ypsilanti, Michigan 48197. Price: rental—$30.00, purchase—$180.00 (15 minutes).

Slides and Films

I "Child Development and Child Health". A new 4-set filmstrip program from Parent's Magazine Films, Inc., provides information about the young child's needs for parents, parents-to-be, and community groups and professionals concerned with young children. This sound and color filmstrip series, prepared under the supervision of the editors of Parent's Magazine, deals with areas vital to both physical and mental growth. They include food and nutrition, health and safety, play and self-expression, and love and identity.

I "A Child is a Child". This film describes ways of treating handicapped children with love and understanding concentrating on similarities between handicapped and "normal" children. Available from Dr. Linda Randolph, Office of Child Development, P. O. Box 1182, Washington, D. C. 20013 (7 minutes, color)

I "Child Safety in the Home". This sound/slide filmstrip highlights common household accidents that can occur with children and suggests various preventive measures. Available from Education and Development Corporation, 1400 N. Uhle Street, Arlington, Virginia 22201. Price: $21.25 (18 minutes, color).

I "Children in Peril". Xerox Films, Xerox Education Publications, 245 Long Hill Road, Middleton, Conn. 06475 (22 minutes).

I "Days of Discovery". This motivating film sponsored by the U. S. Office of Education dealing with the importance of early childhood learning and the potential role of the school in training parents to provide learning experiences for their children. Available from Olympus Publishing Company, Two Olympus Plaza, 1670 E. 13th South, Salt Lake City, Utah, 84105. Price: $175.00 (15 minutes, color).

T "Fun in the Making". This sound/slide filmstrip contains numerous innovative suggestions on how parents and children can make low-cost developmental toys from throwaway household items. Available from Education and Development Corporation, 1400 N. Uhle St., Arlington, Virginia 22201. Price: $19.65 (16 minutes, color).

I "If the Shoe Fits: A Salute to Parents from Teachers Everywhere". National Education Association, Washington, D. C., 1969. Includes: filmstrip, record, script.

I "Jeffrey at Home". This film shows a 4-year-old and family at meal time, and allows viewers to compare families' mealtime routines and group interactions and develop a keener appreciation for the universal and variable aspects of raising children. Available from Education Development Center, attention: Mrs. Kathleen Horani, Exploring Childhood Program, 15 Mifflin Place, Cambridge, Massachusetts 02138. Purchase price: $91.00 (11 minutes, black and white).

I "Learning and Growing and Learning". Far West Laboratory, Toy Lending Library (20 minutes).

I "Learning is Joy". Available from Synchro Films, Inc., 43 Bay Drive West, Huntington, New York 11743. Price: rental—$25.00, Purchase—$350.00 (26 minutes, 16mm, color).

T "Ninos de Dos Culturas". This informal training film is designed to show a bilingual home-improvement program for preschoolers in action and it focuses on one day's activities for a home tutor in the Spanish Dame Bilingual Bicultural Project. Available from the Office of the Santa Clara County Superintendent of Schools, Glenn W. Hoffman, Superintendent; Attention: Ms. Toni Micotti, Project Manager, 100 Skyport Drive, San Jose, California 95110. Price: $175.00 plus shipping and sales tax (15 minutes, color).

I "On Being an Effective Parent". Dr. Thomas Gordon, creator of the P.E.T. program, teaches parents the skill of active listening and how to communicate accurately their own needs and concerns to their children. The second part of the film presents the "No Lose" method of conflict resolution, the core of Parent Effectiveness Training.

I "Parents and Teachers Together (For the Benefit of Children)". National Education Association, Washington, D. C., 1972. Included: filmstrip, record, script.

I "Pearlie". Filmed in 1968, this beautiful film focuses on a young mother-to-be and the training she receives as an enrollee in the Chicago Parent and Child Center. Presently not avail-

able for sale or rental. For more information, contact Model Cities—Chicago Committee on Urban Opportunity, 640 N. LaSalle St., Chicago, Illinois 60610 (25 minutes, black and white).

I "Understanding Parenthood". A new sound and color filmstrip release from Parent's Magazine Films, Inc., takes a look at both the pleasures and problems of parenthood.

I "What Color is the Wind?" The story of twin boys, one blind, one sighted, and of their parents' determination to treat both equally in the face of societal pressures. The film is a warm, appealing portrayal of the parents' positive attitude toward their young sons, of pleasures mutually shared and perhaps even heightened by a child with a disability. Available from Modern Talking Pictures (26 minutes, color).

I "Your Child—From Home to School". NAESP/NSPRA, Arlington, Virginia, 1972. Includes: filmstrip, tape cassette, guide and script booklet.

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